Case 15-83108 Doc 1 Filed 12/16/15 Entered 12/16/15 16:39:33 Desc Main Document Page 1 of 64

Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF ILLINOIS	_	
Case number (if known)	Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this an amended filing

B 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

rt 1: Identify You	rself	
	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
Your full name		
Write the name that	at is on Melissa	
, ,	i iiot iidiiio	First name
license or passpo	rt). Middle name	Middle name
Bring your picture	Mathis	
identification to yo meeting with the tr	ur	Last name and Suffix (Sr., Jr., II, III)
9		
Include your marrimaiden names.	ed or	
your Social Secu number or federa Individual Taxpay	rity ıl xxx-xx-2523 yer	
	Your full name Write the name the your government-ipicture identification example, your drivilicense or passpoor Bring your picture identification to your meeting with the transport of the last 8 Include your marrimaiden names. Only the last 4 di your Social Secunumber or federa Individual Taxpay Identification nur	Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. Melissa First name Dawn Middle name Mathis Last name and Suffix (Sr., Jr., II, III) All other names you have used in the last 8 years Include your married or maiden names. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number

Case 15-83108 Doc 1 Filed 12/16/15 Entered 12/16/15 16:39:33 Desc Main Document Page 2 of 64

Case number (if known)

Debtor 1 Melissa Dawn Mathis

About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): Any business names and **Employer Identification** Numbers (EIN) you have I have not used any business name or EINs. ☐ I have not used any business name or EINs. used in the last 8 years Include trade names and Business name(s) Business name(s) doing business as names EINs EINs If Debtor 2 lives at a different address: Where you live 420 Westwood Ct., Apt. D Crystal Lake, IL 60014 Number, Street, City, State & ZIP Code Number, Street, City, State & ZIP Code McHenry County County If Debtor 2's mailing address is different from yours, fill it If your mailing address is different from the one above, fill it in here. Note that the court will send any in here. Note that the court will send any notices to this notices to you at this mailing address. mailing address. Number, P.O. Box, Street, City, State & ZIP Code Number, P.O. Box, Street, City, State & ZIP Code Why you are choosing Check one: Check one: this district to file for bankruptcy Over the last 180 days before filing this petition, I Over the last 180 days before filing this have lived in this district longer than in any other petition, I have lived in this district longer than district. in any other district. I have another reason. I have another reason. Explain. (See 28 U.S.C. § 1408.) Explain. (See 28 U.S.C. § 1408.)

Entered 12/16/15 16:39:33 Desc Main Page 3 of 64 Case 15-83108 Doc 1 Filed 12/16/15

Document Case number (if known) Debtor 1 Melissa Dawn Mathis

Par	Tell the Court About	Your Ba	ankruptcy Ca	se				
7.	The chapter of the Bankruptcy Code you are				n of each, see <i>Notice Required by</i> of page 1 and check the appropria	11 U.S.C. § 342(b) for Individuals Filing for Bank te box.	?(b) for Individuals Filing for Bankruptcy	
	choosing to file under	■ Ch	napter 7					
		☐ Ch	napter 11					
		☐ Ch	napter 12					
		☐ Ch	napter 13					
3.	How you will pay the fee		about how yo	u may pay. Туլ attorney is sub	pically, if you are paying the fee y	ck with the clerk's office in your local court for mo ourself, you may pay with cash, cashier's check, lalf, your attorney may pay with a credit card or c	or money	
					stallments. If you choose this option to (Official Form 103A).	on, sign and attach the Application for Individuals	s to Pay	
			I request that but is not req that applies to	t my fee be wa uired to, waive o your family si	aived (You may request this optic your fee, and may do so only if your ze and you are unable to pay the	on only if you are filing for Chapter 7. By law, a jude our income is less than 150% of the official pover fee in installments). If you choose this option, you Official Form 103B) and file it with your petition.	rty line	
O. Have you filed for ■ No.								
	bankruptcy within the last 8 years?	☐ Yes						
			District		When	Case number		
			District		When	Case number		
			District		When	Case number		
10.	Are any bankruptcy	■ No						
	cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes	S.					
			Debtor			Relationship to you		
			District		When	Case number, if known		
			Debtor			Relationship to you		
			District		When	Case number, if known		
11.	Do you rent your residence?	■ No.	. Go to I	ine 12.				
		☐ Yes	s. Has yo	ur landlord obt	ained an eviction judgment agains	st you and do you want to stay in your residence?	?	
				No. Go to line	12.			
				Yes. Fill out <i>Ir</i> bankruptcy pe		Judgment Against You (Form 101A) and file it wi	ith this	

Case 15-83108 Doc 1 Filed 12/16/15 Entered 12/16/15 16:39:33 Desc Main

Document Page 4 of 64 Case number (if known) Debtor 1 **Melissa Dawn Mathis** Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor of any full- or part-time No. Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of **Bankruptcy Code and are** operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. ■ No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy ☐ No. U.S.C. § 101(51D). Code. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any ■ No. property that poses or is alleged to pose a threat Yes. of imminent and What is the hazard? identifiable hazard to public health or safety?

Or do you own any property that needs immediate attention?

> For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

Case 15-83108 Doc 1 Filed 12/16/15 Entered 12/16/15 16:39:33 Desc Main Document Page 5 of 64

Debtor 1 Melissa Dawn Mathis

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

☐ Incapacity. I have a mental illness or a

mental deficiency that makes me incapable of realizing or making rational decisions about finances.

about finances.

Disability. My physical disability causes

me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active

military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to

be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried

to do so.

Active duty. I am currently on active military duty

in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Case 15-83108 Doc 1 Filed 12/16/15 Entered 12/16/15 16:39:33 Desc Main Document Page 6 of 64

Case number (if known) Debtor 1 **Melissa Dawn Mathis** Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an you have? individual primarily for a personal, family, or household purpose." ■ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. ☐ No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative Yes. after any exempt expenses are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses ■ No are paid that funds will ☐ Yes be available for distribution to unsecured creditors? 18. How many Creditors do **1**,000-5,000 **1** 25,001-50,000 1-49 you estimate that you **5001-10,000 5**0,001-100,000 □ 50-99 owe? **1**0,001-25,000 ■ More than 100,000 **1**00-199 **200-999** 19. How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 be worth? □ \$50,000,001 - \$100 million □ \$10.000.000.001 - \$50 billion **□** \$100.001 - \$500.000 □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500.001 - \$1 million 20. How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your liabilities □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million Part 7: Sign Below For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Melissa Dawn Mathis Signature of Debtor 2 **Melissa Dawn Mathis** Signature of Debtor 1 Executed on **December 8, 2015** Executed on MM / DD / YYYY MM / DD / YYYY

Case 15-83108 Doc 1 Filed 12/16/15 Entered 12/16/15 16:39:33 Desc Main Document Page 7 of 64

Debtor 1 Melissa Dawn Mathis Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Michele L. Aiken	Date	December 8, 2015
Signature of Attorney for Debtor		MM / DD / YYYY
Michele L. Aiken		
Printed name		
Aiken & Aiken, LLC		
Firm name		
2413 W. Algonquin Road, #154		
Algonquin, IL 60102		
Number, Street, City, State & ZIP Code		
Contact phone (847)245-2336	Email address	contact@aikenandaiken.com
6294353		
Bar number & State		

Case 15-83108 Doc 1 Filed 12/16/15 Entered 12/16/15 16:39:33 Desc Main

		Docume	eni. Paue 8 01 6	04
Fill in this inform	ation to identify your	case:		
Debtor 1	Melissa Dawn Ma	this		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ban	kruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number				
(if known)				☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

		Your a	ssets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	0.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	23,808.94
	1c. Copy line 63, Total of all property on Schedule A/B	\$	23,808.94
Par	t 2: Summarize Your Liabilities		
			abilities t you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	3,601.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	44,761.65
	Your total liabilities	\$	48,362.65
Par	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	3,907.04
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	4,404.00
Par	t 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with yo	ur other so	chedules.
	■ Yes What kind of debt do you have?		

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

the court with your other schedules.

Entered 12/16/15 16:39:33 Case 15-83108 Filed 12/16/15 Desc Main Doc 1 Document

Page 9 of 64 Case number (if known) Debtor 1 Melissa Dawn Mathis

8.	From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.	\$	5,152.59
----	--	----	----------

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:	Total	claim
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

Case 15-83108 Doc 1 Filed 12/16/15 Entered 12/16/15 16:39:33 Desc Main Page 10 of 64 Document Fill in this information to identify your case and this filing: Debtor 1 **Melissa Dawn Mathis** Middle Name Last Name First Name Debtor 2 First Name Middle Name (Spouse, if filing) Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number Check if this is an amended filing Official Form 106A/B Schedule A/B: Property 12/15 In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. ☐ Yes. Where is the property? **Describe Your Vehicles** Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles ☐ No Yes Do not deduct secured claims or exemptions. Put Jeep Make: Who has an interest in the property? Check one. the amount of any secured claims on Schedule D: Liberty Model: Debtor 1 only Creditors Who Have Claims Secured by Property. 2003 Year: Debtor 2 only Current value of the Current value of the Approximate mileage: 141.000 Debtor 1 and Debtor 2 only entire property? portion you own? Other information: ☐ At least one of the debtors and another \$1,575.00 \$1,575.00 ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No ☐ Yes

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>

\$1.575.00

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own? Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

□ No

Case 15-83108 Doc 1 Filed 12/16/15 Entered 12/16/15 16:39:33 Desc Main Document Page 11 of 64 Debtor 1 Case number (if known) **Melissa Dawn Mathis** Yes. Describe..... \$1,465,00 Used household goods and furnishings 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ☐ No Yes. Describe..... \$290.00 Used DVD player, radio, computer, printer, cell phone 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ☐ No Yes. Describe..... \$200.00 Used kids photos 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments □ № Yes. Describe..... \$50.00 Used photography equipment 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment No ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories ☐ No Yes. Describe..... \$500.00 Used clothing and apparel 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver □ No Yes. Describe..... \$100.00 Used necklaces, bracelets, ring and watch 13. Non-farm animals Examples: Dogs, cats, birds, horses □ No Yes. Describe..... \$10.00 Pet-Dog 14. Any other personal and household items you did not already list, including any health aids you did not list □ No Yes. Give specific information..... \$330.00 Used carpenters tools, baby toys, and holiday decor

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here

\$2,945.00

Case 15-83108 Doc 1 Filed 12/16/15 Entered 12/16/15 16:39:33 Desc Main

Page 12 of 64

Case number (if known) Document Debtor 1 **Melissa Dawn Mathis**

Part 4: Describe Your Financial Assets		
Do you own or have any legal or equitable interest in any	y of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
□ No	in a safe deposit box, and on hand when you file your petition	
■ Yes	Amount of cash in debtors possession	\$0.00
institutions. If you have multiple accounts with	s; certificates of deposit; shares in credit unions, brokerage hou h the same institution, list each.	ses, and other similar
□ No ■ Yes	Institution name:	
17.1.	Home State Bank, checking account, No.*****0006	\$154.10
17.2.	Home State Bank, checking account, No.****4006 Joint with daughter	\$2.64
and joint venture■ No□ Yes. Give specific information about them	ed and unincorporated businesses, including an interest in	an LLC, partnership,
Name of entity: 20. Government and corporate bonds and other negotiab Negotiable instruments include personal checks, cashier Non-negotiable instruments are those you cannot transfe No Yes. Give specific information about them Issuer name:	rs' checks, promissory notes, and money orders.	
21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(t) No	b), thrift savings accounts, or other pension or profit-sharing pla	ns
■ Yes. List each account separately. Type of account:	Institution name: FBC Industries, Inc. 401(k) Plan	\$6,868.38
 22. Security deposits and prepayments Your share of all unused deposits you have made so tha Examples: Agreements with landlords, prepaid rent, publ □ No 	nt you may continue service or use from a company lic utilities (electric, gas, water), telecommunications companies	s, or others
■ Yes	Institution name or individual:	• -
	Nancy & William Bluis Location: 2667 Connolly Lane, West Dundee, IL 60118	\$1,050.00

Case 15-83108 Doc 1 Filed 12/16/15 Entered 12/16/15 16:39:33 Desc Main Document Page 13 of 64 Case number (if known) Debtor 1 **Melissa Dawn Mathis** 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ☐ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ■ Yes..... 529 Illinois College Savings Plan \$9,212.82 Beneficiary: Kaeden (son) 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ■ No ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ■ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ☐ No Yes. Give specific information.. \$2,000.00 Anticipated 2015 tax refund 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance □ No Yes. Name the insurance company of each policy and list its value. Company name: Surrender or refund Beneficiary: value: **Employer-sponsored MetLife term life**

Schedule A/B: Property

Daughter

Official Form 106A/B

policy

Death Benefit: 1x annual salary

\$1.00

Case 15-83108 Doc 1 Filed 12/16/15 Entered 12/16/15 16:39:33 Desc Main Document Page 14 of 64 Case number (if known)

l	Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to re someone has died. ■ No ☐ Yes. Give specific information	ceive property because
	Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue No Yes. Describe each claim	
	Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights No	to set off claims
	☐ Yes. Describe each claim	
	Any financial assets you did not already list ■ No □ Yes. Give specific information.	
36.	Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here	\$19,288.94
Par	t 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.	
27	Do you own or have any legal or equitable interest in any business-related property?	
_	No. Go to Part 6.	
_	Yes. Go to line 38.	
_	Tes. Go to line so.	
Par	t 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1.	
46.	Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?	
	No. Go to Part 7.	
	☐ Yes. Go to line 47.	
		Current value of the portion you own? Do not deduct secured claims or exemptions.
Par	t7: Describe All Property You Own or Have an Interest in That You Did Not List Above	
	Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership No	
	☐ Yes. Give specific information	
54.	Add the dollar value of all of your entries from Part 7. Write that number here	\$0.00
Par	t 8: List the Totals of Each Part of this Form	
55.	Part 1: Total real estate, line 2	\$0.00
56.		φυ.υυ
	Part 3: Total personal and household items, line 15 \$2,945.00	
	Part 4: Total financial assets, line 36 \$19,288.94	
59.		
60	Part 6: Total farm- and fishing-related property, line 52 \$0.00	
	Part 7: Total other property not listed, line 54 + \$0.00	

Software Copyright (c) 1996-2015 Best Case, LLC - www.bestcase.com

Debtor 1

Case 15-83108 Filed 12/16/15 Entered 12/16/15 16:39:33 Desc Main Doc 1 Page 15 of 64

Case number (if known) Document

Debtor 1 **Melissa Dawn Mathis**

62. Total personal property. Add lines 56 through 61... \$23,808.94 Copy personal property total \$23,808.94

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$23,808.94

Official Form 106A/B

Document Fill in this information to identify your case: Debtor 1 Melissa Dawn Mathis Middle Name Last Name First Name Debtor 2 Middle Name (Spouse if, filing) First Name Last Name NORTHERN DISTRICT OF ILLINOIS United States Bankruptcy Court for the: Case number (if known) ☐ Check if this is an

Official Form 106C

Schedule C: The Property You Claim as Exempt

12/15

amended filing

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Chec	ck only one box for each exemption.	
2003 Jeep Liberty 141,000 miles Line from Schedule A/B: 3.1	\$1,575.00		\$1,575.00	735 ILCS 5/12-1001(c)
Ellie Helli Genedale 70B. GT			100% of fair market value, up to any applicable statutory limit	
Used household goods and furnishings	\$1,465.00		\$860.63	735 ILCS 5/12-1001(b)
Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit	
Used DVD player, radio, computer, printer, cell phone	\$290.00		\$290.00	735 ILCS 5/12-1001(b)
Line from Schedule A/B: 7.1			100% of fair market value, up to any applicable statutory limit	
Used kids photos Line from Schedule A/B: 8.1	\$200.00		\$200.00	735 ILCS 5/12-1001(b)
Elite Holli Goriodalo 7VB. G.1			100% of fair market value, up to any applicable statutory limit	
Used photography equipment Line from Schedule A/B: 9.1	\$50.00		\$50.00	735 ILCS 5/12-1001(b)
LINE HOLL GOLLEGUIE PAD. G.1			100% of fair market value, up to any applicable statutory limit	

Doc 1 Filed 12/16/15 Entered 12/16/15 16:39:33 Desc Main Case 15-83108 Page 17 of 64
Case number (if known)

Document Debtor 1 Melissa Dawn Mathis

tor 1	Melissa Dawn Mathis				Case number (if known)	
	description of the property and line on dule A/B that lists this property	Current value of the portion you own	Amo	ount of the	exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Che	ck only one	box for each exemption.	
	d clothing and apparel from Schedule A/B: 11.1	\$500.00	•		100%	735 ILCS 5/12-1001(a)
ine	from Scriedule A/B: 11.1				fair market value, up to cable statutory limit	
Jse vate	d necklaces, bracelets, ring and	\$100.00		_	\$100.00	735 ILCS 5/12-1001(b)
ine	from Schedule A/B: 12.1				fair market value, up to cable statutory limit	
	Dog from Schedule A/B: 13.1	\$10.00			\$10.00	735 ILCS 5/12-1001(b)
					fair market value, up to cable statutory limit	
	d carpenters tools, baby toys, holiday decor	\$330.00	-		\$330.00	735 ILCS 5/12-1001(b)
	from Schedule A/B: 14.1				fair market value, up to cable statutory limit	
	ount of cash in debtors session	\$0.00		_	\$0.00	735 ILCS 5/12-1001(b)
	from Schedule A/B: 16.1				fair market value, up to cable statutory limit	
	ne State Bank, checking account,	\$154.10			\$154.10	735 ILCS 5/12-1001(b)
Line	from Schedule A/B: 17.1				fair market value, up to cable statutory limit	
Hon No.	ne State Bank, checking account,	\$5.27			\$5.27	735 ILCS 5/12-1001(b)
Joir	nt with daughter from Schedule A/B: 17.2				fair market value, up to cable statutory limit	
	Industries, Inc. 401(k) Plan	\$6,868.38			100%	735 ILCS 5/12-1006
					fair market value, up to cable statutory limit	
	cy & William Bluis ation: 2667 Connolly Lane, West	\$1,050.00	-		\$1,050.00	735 ILCS 5/12-901
Dun	dee, IL 60118 from Schedule A/B: 22.1				fair market value, up to cable statutory limit	
	Illinois College Savings Plan eficiary: Kaeden (son)	\$9,212.82			100%	735 ILCS 5/12-1001(j)
	from Schedule A/B: 24.1				fair market value, up to cable statutory limit	
	cipated 2015 tax refund	\$2,000.00	•		\$2,000.00	735 ILCS 5/12-1001(b)
Line Hotti Schedule AVD. 30.1	Suriodalio /VD. GGI				fair market value, up to cable statutory limit	

Case 15-83108 Doc 1 Filed 12/16/15 Entered 12/16/15 16:39:33 Desc Main Document Page 18 of 64 Case number (if known)

	ef description of the property and line on hedule A/B that lists this property	Current value of the portion you own	Am	ount of the exemption you claim	Specific laws that allow exemption	
		Copy the value from Schedule A/B	Che	ck only one box for each exemption.		
	nployer-sponsored MetLife term e policy	\$1.00		100%	735 ILCS 5/12-1001(f)	
Death Benefit: 1x annual salary Beneficiary: Daughter Line from Schedule A/B: 31.1				100% of fair market value, up to any applicable statutory limit		
	10 Hom comeans / 12. C 111					
	e you claiming a homestead exemption ubject to adjustment on 4/01/16 and every			iled on or after the date of adjustme	ent.)	

Case 15-83108 Doc 1 Filed 12/16/15 Entered 12/16/15 16:39:33 Desc Main

		Document	Page 19	of 64		
Fill	in this information to identif	fy your case:				
Deb	tor 1 Melissa Dav	wn Mathis				
	First Name	Middle Name	Last Name			
Deb	tor 2					
(Spot	use if, filing) First Name	Middle Name	Last Name			
Unit	ed States Bankruptcy Court fo	or the: NORTHERN DISTRICT OF ILL	INOIS			
					-	
Cas (if kno	e number				— Observe	of the factor and
(II KIIC	JWII)					if this is an
					amend	ded filing
Offi	icial Form 106D					
		ors Who Have Claims S	Sacurad	l hy Propert	V	12/15
<u> </u>	riedule D. Credit	ors who have claims :	Secul ed	i by Propert	<u>y</u>	12/13
	ed, copy the Additional Page, fill	ible. If two married people are filing together it out, number the entries, and attach it to th				
	any creditors have claims secur	red by your property?				
		bmit this form to the court with your other	schedules V	ou have nothing else	to report on this form	
	Yes. Fill in all of the inform	•	conocidios. It	Sa nate nothing clac	to report on tille form.	
Part	List All Secured Claim	ns		Column A	Column B	Column C
		has more than one secured claim, list the credinas a particular claim, list the other creditors in P		Amount of claim	Value of collateral	Unsecured
		cal order according to the creditor's name.	all 2. AS Illucii	Do not deduct the	that supports this	portion
	Springlest Financial			value of collateral.	claim	If any
2.1	Springleaf Financial Services	Describe the property that secures the	ne claim:	\$415.00	\$1,575.00	\$0.00
	Creditor's Name	2003 Jeep Liberty 141,000 m				
	2 Crystal Lake Plz Ste B	As of the date you file, the claim is: 0	heck all that			
	Crystal Lake, IL	apply.	mook all triat			
	60014-3118	Contingent				
	Number, Street, City, State & Zip Cod	_ ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '				
Who	o owes the debt? Check one.	☐ Disputed Nature of lien. Check all that apply.				
_	Debtor 1 only	☐ An agreement you made (such as m	nortgage or secu	ıred		
	Debtor 2 only	car loan)				
_	Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mecl	hanic's lien)			
	at least one of the debtors and anot	_ ` ` `				
	Check if this claim relates to a	Other (including a right to offset)	Non-Purc	has		
•	community debt	3	e Money			
			Security			
Date	debt was incurred 11/2013	Last 4 digits of account number	er XXXX			
2.2	Springleaf Financial	Describe the property that accuracy the	o oloimi	\$3,186.00	\$1,575.00	\$2,026.00
	Services Creditor's Name	Describe the property that secures the 2003 Jeep Liberty 141,000 m				
		2003 Geep Liberty 141,000 iii				
	2 Crystal Lake Plz Ste B					
	Crystal Lake, IL	As of the date you file, the claim is: C apply.	check all that			
	60014-3118	Contingent				
	Number, Street, City, State & Zip Cod	le Unliquidated				
\A#-	a sweethe debto of	Disputed				
_	o owes the debt? Check one.	Nature of lien. Check all that apply.		d		
_	Debtor 1 only	An agreement you made (such as m car loan)	юпgage or secu	ired		
	Debtor 2 only	<u>_</u>	handalı P. X			
	Debtor 1 and Debtor 2 only at least one of the debtors and anot	☐ Statutory lien (such as tax lien, mechather ☐ Judgment lien from a lawsuit	nanic's lien)			
^	" 1003 OHE OF THE MEDIOLS BLIM 91101	inoi 🗀 suugineili lieli lioill a lawsult				

Case 15-83108 Doc 1 Filed 12/16/15 Entered 12/16/15 16:39:33 Desc Main Document Page 20 of 64

Debtor 1 Melissa Dawn Mathis			Case number (if know)			
	First Name	Middle Name	Last Name		_	
	if this claim relates to a nunity debt	Other	r (including a right to offset)	Non-Purchas e Money Security		
Date debt	was incurred	L	ast 4 digits of account number	0308		
If this is Write tha	the last page of your for at number here:	m, add the dollar v	n this page. Write that number value totals from all pages. That You Already Listed	here:	\$3,601.00 \$3,601.00	
Use this p to collect creditor fo	age only if you have oth	ers to be notified a owe to someone el ou listed in Part 1,	bout your bankruptcy for a de lse, list the creditor in Part 1, a	and then list the colle	ection agency here. Sin	mple, if a collection agency is trying nilarly, if you have more than one b be notified for any debts in Part 1,
	ame Address ONE-		On	which line in P	art 1 did you ente	r the creditor?
			Las	st 4 digits of acc	count number	

Case 15-83108 Doc 1 Filed 12/16/15 Entered 12/16/15 16:39:33 Desc Main

Page 21 of 64 Document Fill in this information to identify your case: Debtor 1 **Melissa Dawn Mathis** Middle Name Last Name First Name Debtor 2 First Name Middle Name Last Name (Spouse if, filing) NORTHERN DISTRICT OF ILLINOIS United States Bankruptcy Court for the: Case number (if known) ☐ Check if this is an amended filing Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims 12/15 Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2. ☐ Yes. Part 2: List All of Your NONPRIORITY Unsecured Claims 3. Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. Yes. 4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2 Total claim 4.1 **Advocate Good Shepherd** 7547 1,572.76 Hospital Last 4 digits of account number Priority Creditor's Name PO Box 3039 When was the debt incurred? 04/28/15 Oak Brook, IL 60522-3039 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Check if this claim is for a community ☐ Student loans debt Is the claim subject to offset? ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Medical Care** Other. Specify

4.2 Advocate Lutheran General Hospital Priority Creditor's Name

P.O. Box 73208 Chicago, IL 60673

Number Street City State Zlp Code

Last 4 digits of account number

9346

10/23/15

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

48.17

4.5	Advocate Medical Group	Last 4 digits of account number	7283	\$	223.58
	☐ Yes	Other. Specify Medic	al Care		
	■ No	☐ Debts to pension or profit-sharin			
	Is the claim subject to offset?	not report as priority claims	aration agreement or divorce that you did		
	☐ Check if this claim is for a community debt	☐ Student loans			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
	Debtor 1 and Debtor 2 only	☐ Disputed			
	Debtor 2 only	☐ Unliquidated			
	Who incurred the debt? Check one. Debtor 1 only	☐ Contingent			
	Number Street City State Zlp Code	As of the date you file, the claim	s: Check all that apply		
	PO Box 92523 Chicago, IL 60675-2523	When was the debt incurred?	4/28/15		
4.4	Advocate Medical Group Priority Creditor's Name	Last 4 digits of account number	7283	\$	173.58
	Yes	■ Other. Specify Medic	al Care		
	■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts		
	Is the claim subject to offset?	☐ Obligations arising out of a sepanot report as priority claims	aration agreement or divorce that you did		
	☐ Check if this claim is for a community debt	☐ Student loans			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	Debtor 2 only	☐ Unliquidated			
	Debtor 1 only	☐ Contingent			
	Who incurred the debt? Check one.	As of the date you file, the claim i	s : Спеск ан тлат арру		
	P.O. Box 73208 Chicago, IL 60673 Number Street City State Zlp Code	When was the debt incurred?	9/25/14		
4.3	Advocate Lutheran General Hospital Priority Creditor's Name	Last 4 digits of account number	7729	\$	354.55
	Li res	Other. Specify Medic	ai Caie		
	■ No □ Yes	☐ Debts to pension or profit-sharin	g plans, and other similar debts		
	Is the claim subject to offset?	not report as priority claims	aration agreement or divorce that you did		
	debt	_			
	☐ At least one of the debtors and another☐ Check if this claim is for a community	Type of NONPRIORITY unsecured ☐ Student loans	d claim:		
	Debtor 1 and Debtor 2 only	Disputed			
	Debtor 2 only	☐ Unliquidated			
	Debtor 1 only				
	Who incurred the debt? Check one.	☐ Contingent			
Debto	or 1 Melissa Dawn Mathis	Document Page	22 of 64 Case number (if know)		
	Case 15-83108 Doc 1		red 12/16/15 16:39:33	Desc Main	

Priority Creditor's Name PO Box 92523

Chicago, IL 60675-2523 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply

9/26/14

When was the debt incurred?

Case 15-83108 Filed 12/16/15 Entered 12/16/15 16:30:33

	Case 13-05100 DOC 1		resc Main	
Debto	r 1 Melissa Dawn Mathis	Document Page 23 of 64 Case number (if know)		
	Who incurred the debt? Check one.	Пол		
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	_			
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecured claim:		
	☐ Check if this claim is for a community	☐ Student loans		
	debt	- Student Idans		
	Is the claim subject to offset?	$\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts		
	Yes	Other. Specify Medical Care		
4.6	Advocate Medical Group	Last 4 digits of account number 5126	\$	551.42
	Priority Creditor's Name PO Box 92523	When was the debt incurred? 10/6/14		
	Chicago, IL 60675-2523 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply		
	Who incurred the debt? Check one.	Пол		
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:		
	☐ Check if this claim is for a community debt	☐ Student loans		
	Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	■ No	$\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts		
	Yes	Other. Specify Medical Care		
4.7	Advocate Medical Group	Last 4 digits of account number 4285	\$	7.48
	Priority Creditor's Name PO Box 92523	When was the debt incurred? 7/18/14		
	Chicago, IL 60675-2523 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply		
	, ,			
	Who incurred the debt? Check one. Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	_			
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured claim:		
	☐ At least one of the debtors and another☐ Check if this claim is for a community	☐ Student loans		
	debt	La Student Idans		
	Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	■ No	$\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts		
	Yes	Other. Specify Medical Care		
		7007		

Ashley Furniture/Capital 4.8 RetailBank

Priority Creditor's Name P.O. Box 960061 Orlando, FL 32896 Last 4 digits of account number

9510

3,593.00

When was the debt incurred?

7/2/07

Debtoi	Case 15-83108 Doc 1	Filed 12/16/15	Desc Main
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one. Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community debt	☐ Student loans	
	Is the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Credit Card Purchases	
4.9	Bank of America	Last 4 digits of account number 3325	\$1,281.35
	Priority Creditor's Name P.O. Box 851001 Dallas, TX 75285-1001	When was the debt incurred?	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	☐ Contingent	
	■ Debtor 1 only □ Debtor 2 only	☐ Unliquidated	
	_	·	
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community debt	☐ Student loans	
	Is the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	$\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Credit Card Purchases	
4.10	Bank of America	Last 4 digits of account number 9338	\$ 5,635.66
	Priority Creditor's Name P.O. Box 851001 Dallas, TX 75285-1001	When was the debt incurred? 4/19/05	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	☐ Contingent	
	Debtor 1 only	Due we	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did	
		not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Credit Card Purchases	
4.11	Best Buy	Last 4 digits of account number 0771	\$ 2,306.43
	Priority Creditor's Name P.O. Box 688910 Des Moines, IA 50368	When was the debt incurred? 8/11/04	

Debto	Case 15-83108 Doc 1 1 Melissa Dawn Mathis	Filed 12/16/15 E Document Pa	Entei age 2	red 12/16/15 16:39:33 25 of 64 Case number (if know)	Desc Main	
Depio	Number Street City State Zlp Code	As of the date you file, the				
	,	_	Ciaiiii is	. Спеск ан тат арру		
	Who incurred the debt? Check one. Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	At least one of the debtors and another	Type of NONPRIORITY uns	ecured	claim:		
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising out of not report as priority claims	a separ	ation agreement or divorce that you did		
	■ No	_ ' ' '	t-sharing	plans, and other similar debts		
	Yes	Other. Specify	Credit	Card Purchases		
4.12	ВР	Last 4 digits of account nur	mber	2115	\$	1,095.00
	Priority Creditor's Name P.O. Box 15123 Wilmington, DE 19850	When was the debt incurred	d?	2/20/98		
	Number Street City State Zlp Code	As of the date you file, the	claim is	: Check all that apply		
	Who incurred the debt? Check one.	☐ Contingent				
	■ Debtor 1 only					
	☐ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY uns	secured	claim:		
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising out of not report as priority claims	a separ	ation agreement or divorce that you did		
	■ No	☐ Debts to pension or profit-	t-sharing	plans, and other similar debts		
	Yes	Other. Specify	Credit	Card Purchases		
4.13	Capital One	Last 4 digits of account nur	mber	1743	\$	511.63
	Priority Creditor's Name P.O. Box 6492	When was the debt incurre	d?	1/17/02		
	Carol Stream, IL 60197-6492 Number Street City State Zlp Code	As of the date you file, the				
	Who incurred the debt? Check one.	☐ Contingent				
	■ Debtor 1 only	-				
	☐ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY uns	ecured	claim:		
	☐ Check if this claim is for a community debt	☐ Student loans				
	Is the claim subject to offset?	Obligations arising out of not report as priority claims	a separ	ation agreement or divorce that you did		
	■ No	☐ Debts to pension or profit-	t-sharing	plans, and other similar debts		
	Yes	Other. Specify	Credit	Card Purchases		
4.14	Centegra Clinical Laboratories	Last 4 digits of account nur	mber	7102	\$	8.81
	Priority Creditor's Name P.O. Box 996	When was the debt incurred	d?	2/17/15		

Bedford Park, IL 60499

Debtoi	Case 15-83108 Doc 1 1 Melissa Dawn Mathis	Filed 12/16/15 Document		red 12/16/15 16:39:33 26 of 64 Case number (if know)	Desc M	ain
	Number Street City State Zlp Code	As of the date you file,	the claim i	` ' -		
	Who incurred the debt? Check one. Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY	unsecured	d claim:		
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising ou		ration agreement or divorce that you did		
	■ No	Debts to pension or p	orofit-sharin	g plans, and other similar debts		
	Yes	Other. Specify	Medic	al Care		
4.15	Centegra Health System	Last 4 digits of accoun	t number	6462	\$	2,039.17
	Priority Creditor's Name P.O. Box 864 Mahwah, NJ 07430	When was the debt inc	urred?	2/20/14	_	
	Number Street City State Zlp Code	As of the date you file,	the claim i	s: Check all that apply		
	Who incurred the debt? Check one.	☐ Contingent				
	Debtor 1 only	<u>_</u>				
	☐ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	At least one of the debtors and another	Type of NONPRIORITY	unsecure	d claim:		
	☐ Check if this claim is for a community debt	☐ Student loans				
	Is the claim subject to offset?	☐ Obligations arising or not report as priority clair		ration agreement or divorce that you did		
	■ No	☐ Debts to pension or p	orofit-sharin	g plans, and other similar debts		
	Yes	Other. Specify	Medic	al Care		
4.16	Centegra Hospital-Woodstock	Last 4 digits of accoun	t number	8077	\$	1,200.62
	Priority Creditor's Name PO Box 1990	When was the debt inc	urred?			
	Woodstock, IL 60098-1990 Number Street City State Zlp Code	As of the date you file,	the claim i	s: Check all that apply		
	Who incurred the debt? Check one. Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	\square At least one of the debtors and another	Type of NONPRIORITY	unsecure	d claim:		
	☐ Check if this claim is for a community debt	☐ Student loans				
	Is the claim subject to offset?	☐ Obligations arising ou not report as priority clair		ration agreement or divorce that you did		
	■ No	☐ Debts to pension or p	orofit-sharin	g plans, and other similar debts		
	Yes	Other. Specify	Medic	al Care		
4.17	Centegra Hospital-Woodstock	Last 4 digits of accoun	t number	7135	\$	705.43
	Priority Creditor's Name PO Box 1990	When was the debt inc	urred?			

Woodstock, IL 60098-1990

	Case 15-83108 Duc 1	Document Page 27 of 64	Desc Main	
Debto	Melissa Dawn Mathis	Case number (if know)		
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply		
	Who incurred the debt? Check one.	☐ Contingent		
	■ Debtor 1 only			
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:		
	☐ Check if this claim is for a community debt	☐ Student loans		
	Is the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts		
	Yes	Other. Specify Medical Care		
4.18	Centegra Hospital-Woodstock	Last 4 digits of account number 7167	\$	500.22
	Priority Creditor's Name	When we she deld in some 40		
	PO Box 1990 Woodstock, IL 60098-1990	When was the debt incurred?		
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply		
	Who incurred the debt? Check one.	☐ Contingent		
	■ Debtor 1 only			
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:		
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts		
	Yes	Other. Specify Medical Care		
4.19	Centegra Hospital-Woodstock	Last 4 digits of account number 7155	\$	833.52
	Priority Creditor's Name	When was the debt incurred?		
	PO Box 1990 Woodstock, IL 60098-1990	when was the dept incurred?		
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply		
	Who incurred the debt? Check one.	☐ Contingent		
	■ Debtor 1 only			
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:		
	☐ Check if this claim is for a community debt	☐ Student loans		
	Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts		
	☐ Yes	Other. Specify Medical Care		
4.20	Centegra Physician Care	Last 4 digits of account number 5774	\$	648.54
	Priority Creditor's Name	When was the debt incurred? 4/7/14		
	P.O. Box 187	When was the debt incurred? 4/7/14		

Bedford Park, IL 60499

5 - 1 - 1 - 1	Case 15-83108 Doc 1		red 12/16/15 16:39:33 28 of 64	Desc Main	
Debto	Melissa Dawn Mathis		Case number (if know)		
	Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply		
	Who incurred the debt? Check one. Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	☐ Check if this claim is for a community debt	☐ Student loans			
	Is the claim subject to offset?	☐ Obligations arising out of a sepa not report as priority claims	ration agreement or divorce that you did		
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts		
	Yes	Other. Specify Medic	al Care		
4.21	Express	Last 4 digits of account number	4479	\$	2,494.07
	Priority Creditor's Name PO Box 659728 San Antonio, TX 78265	When was the debt incurred?	4/21/97		
	Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply		
	Who incurred the debt? Check one.	☐ Contingent			
	■ Debtor 1 only				
	Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	☐ Check if this claim is for a community debt	☐ Student loans			
	Is the claim subject to offset?	☐ Obligations arising out of a sepa not report as priority claims	ration agreement or divorce that you did		
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts		
	Yes	■ Other. Specify Credit	Card Purchases		
4.22	GECRB/TJX	Last 4 digits of account number	7517	\$	733.42
_	Priority Creditor's Name P.O. Box 530948 Atlanta, GA 30353	When was the debt incurred?	7/31/11		
	Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply		
	Who incurred the debt? Check one.	☐ Contingent			
	Debtor 1 only	<u> </u>			
	☐ Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	☐ Check if this claim is for a community debt	☐ Student loans			
	Is the claim subject to offset?	☐ Obligations arising out of a sepa not report as priority claims	ration agreement or divorce that you did		
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts		
	Yes	Other. Specify Credit	Card Purchases		
4.23	Macy's	Last 4 digits of account number	0331	\$	633.88
_	Priority Creditor's Name	When was the debt incurred?	7/28/07		

Columbus, OH 43218-3083

	Case 15-83108 Doc 1		ered 12/16/15 16:39:33 29 of 64	Desc Main	
Debtor	1 Melissa Dawn Mathis		Case number (if know)		
	Number Street City State Zlp Code	As of the date you file, the claim i	is: Check all that apply		
	Who incurred the debt? Check one.	☐ Contingent			
	Debtor 1 only	-			
	☐ Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured	d claim:		
	At least one of the debtors and another Check if this claim is for a community	Student loans	u Claiii.		
	debt				
	Is the claim subject to offset?	Obligations arising out of a sepa not report as priority claims	aration agreement or divorce that you did		
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts		
	Yes	■ Other. Specify Credit	t Card Purchases		
4.24	Macy's	Last 4 digits of account number	9259	\$	1,548.81
	Priority Creditor's Name P.O. Box 183084	When was the debt incurred?	7/28/07		
	Columbus, OH 43218-3084 Number Street City State Zlp Code	As of the date you file, the claim i			
	Who incurred the debt? Check one.				
	Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	☐ Check if this claim is for a community debt	☐ Student loans			
	Is the claim subject to offset?	☐ Obligations arising out of a sepa not report as priority claims	aration agreement or divorce that you did		
	■ No	☐ Debts to pension or profit-sharin	ng plans, and other similar debts		
	Yes	■ Other. Specify Credit	t Card Purchases		
4.25	Midwest Anes Partners	Last 4 digits of account number	9944	\$	285.04
	Priority Creditor's Name P.O. Box 3613	When was the debt incurred?	10/1/14		
	Carol Stream, IL 60132 Number Street City State Zlp Code	As of the date you file, the claim i	is: Check all that apply		
	Who incurred the debt? Check one.	☐ Contingent			
	Debtor 1 only	- Contingent			
	☐ Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	☐ Check if this claim is for a community debt	☐ Student loans			
	Is the claim subject to offset?	☐ Obligations arising out of a sepanot report as priority claims	aration agreement or divorce that you did		
	■ No	☐ Debts to pension or profit-sharin	ng plans, and other similar debts		
	Yes	■ Other. Specify Medic	al Care		
4.26	Pediatric Critical Care Special	Last 4 digits of account number	4143	\$	8,545.00
	Priority Creditor's Name P.O. Box 2698	When was the debt incurred?	10/1/14		

Carol Stream, IL 60132

	Priority Creditor's Name PO Box 659728	When was the debt incurred?	3/21/04	
4.29	Victorias Secret Priority Creditor's Name	Last 4 digits of account number	2209	\$ 3,335.05
	Yes	Other. Specify Cred	lit Card Purchases	
	■ No	☐ Debts to pension or profit-shar	ing plans, and other similar debts	
	Is the claim subject to offset?	☐ Obligations arising out of a sent not report as priority claims	paration agreement or divorce that you did	
	☐ Check if this claim is for a community debt	☐ Student loans		
	At least one of the debtors and another	Type of NONPRIORITY unsecur	ed claim:	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ Debtor 2 only	☐ Unliquidated		
	Debtor 1 only	☐ Contingent		
	Who incurred the debt? Check one.	_	тэ. Опсок ан шасарргу	
	P.O. Box 183015 Columbus, OH 43218 Number Street City State Zlp Code	When was the debt incurred? As of the date you file, the clain	7/22/98 is: Check all that apply	
4.28	The Childrens Place Priority Creditor's Name	Last 4 digits of account number		\$ 848.00
	Yes	Other. Specify Crec	lit Card Purchases	
	■ No	☐ Debts to pension or profit-shar	ing plans, and other similar debts	
	Is the claim subject to offset?	not report as priority claims	paration agreement or divorce that you did	
	☐ Check if this claim is for a community debt	☐ Student loans		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecur	ed claim:	
	☐ Debtor 1 and Debtor 2 only	Disputed		
	Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 only	☐ Contingent		
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	n is: Check all that apply	
	Priority Creditor's Name P.O. Box 688956 Des Moines, IA 50368	When was the debt incurred?		
4.27	Sears	Last 4 digits of account number	7686	\$ 3,047.46
	Yes	Other. Specify Med	ical Care	
	■ No	☐ Debts to pension or profit-shar	ing plans, and other similar debts	
	Is the claim subject to offset?	☐ Obligations arising out of a sen	paration agreement or divorce that you did	
	☐ Check if this claim is for a community debt	☐ Student loans		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecur	ed claim:	
	☐ Debtor 1 and Debtor 2 only	□ Disputed		
	■ Debtor 1 only □ Debtor 2 only	☐ Unliquidated		
	Who incurred the debt? Check one.	☐ Contingent		
	Number Street City State Zlp Code	As of the date you file, the clain	is: Check all that apply	
Debtor	Melissa Dawn Mathis		Case number (if know)	

San Antonio, TX 78265

Case 15-83108 Doc 1		
Debtor 1 Melissa Dawn Mathis	Document Page 31 of 64 Case number (if know)	
Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one. ■ Debtor 1 only	☐ Contingent	
☐ Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community debt	☐ Student loans	
Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify Credit Card Purchases	
trying to collect from you for a debt you owe to so	On which entry in Part 1 or Part2 did you list the original creditor? Line 4.24 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claim	nave ied for
	Last 4 digits of account number	
Name Address Global Credit Collection Corp P.O. Box 129 Linden, MI 48451	On which entry in Part 1 or Part2 did you list the original creditor? Line 4.8 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claim	าร
	Last 4 digits of account number	
Name Address H&R Accounts, Inc. PO Box 672 Moline, IL 61265	On which entry in Part 1 or Part2 did you list the original creditor? Line 4.15 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claim	ıs
	Last 4 digits of account number	
Name Address H&R Accounts, Inc. PO Box 672 Moline, IL 61265	On which entry in Part 1 or Part2 did you list the original creditor? Line 4.16 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claim	าร
	Last 4 digits of account number 0001	
Name Address H&R Accounts, Inc. PO Box 672 Moline, IL 61265	On which entry in Part 1 or Part2 did you list the original creditor? Line 4.17 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claim	ıs
	Last 4 digits of account number 0001	
Name Address H&R Accounts, Inc. PO Box 672 Moline, IL 61265	On which entry in Part 1 or Part2 did you list the original creditor? Line 4.18 of (Check one): □ Part 1: Creditors with Priority Unsecured Claims □ Part 2: Creditors with Nonpriority Unsecured Claim	าร
,	Last 4 digits of account number 0001	
Name Address H&R Accounts, Inc. PO Box 672 Moline, IL 61265	On which entry in Part 1 or Part2 did you list the original creditor? Line 4.19 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claim	ıs
	Last 4 digits of account number 0001	
Name Address	On which entry in Part 1 or Part2 did you list the original creditor?	

Official Form 106 E/F

Case 15-83108 Doc 1 Debtor 1 Melissa Dawn Mathis	Filed 12/16/15 Entered 12/16/15 16:39:33 Desc Main Document Page 32 of 64 Case number (if know)							
Harris & Harris, Ltd 111 West Jackson Boulevard, Ste 400	Line <u>4.20</u> of (<i>Check one</i>): ☐ Part 1: Creditors with Priority Unsecured Claims ■ Part 2: Creditors with Nonpriority Unsecured Cla							
Chicago, IL 60604-4134	Last 4 digits of account number							
Name Address Malcolm S. Gerald and Associates 332 South Michigan Ave., Suite 600 Chicago, IL 60604	On which entry in Part 1 or Part2 did you list the original creditor? Line 4.5 of (Check one):							
	Last 4 digits of account number							
Name Address Malcolm S. Gerald and Associates 332 South Michigan Ave., Suite 600 Chicago, IL 60604	On which entry in Part 1 or Part2 did you list the original creditor? Line 4.6 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims							
5.11.0dg6, 12 00004	Last 4 digits of account number							
Name Address Malcolm S. Gerald and Associates 332 South Michigan Ave., Suite 600 Chicago, IL 60604	On which entry in Part 1 or Part2 did you list the original creditor? Line 4.7 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims							
	Last 4 digits of account number							
Name Address MCM 8875 Areo Dr Ste 200 San Diego, CA 92123	On which entry in Part 1 or Part2 did you list the original creditor? Line 4.27 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims							
Jan 21090, 0A 32123	Last 4 digits of account number							
Name Address Midland Credit Management, Inc. 8875 Aero Dr., Suite 200	On which entry in Part 1 or Part2 did you list the original creditor? Line 4.11 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims							
San Diego, CA 92123	Last 4 digits of account number							
Name Address MRS Assoc of NJ 1930 Otney Ave.	On which entry in Part 1 or Part2 did you list the original creditor? Line 4.12 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nappriority Unsecured Claims							
Cherry Hill, NJ 08003	■ Part 2: Creditors with Nonpriority Unsecured Cla Last 4 digits of account number	alliis						
Name Address	-							
Name Address North Star Location Services, LLC	On which entry in Part 1 or Part2 did you list the original creditor? Line 4.9 of (Check one): Part 1: Creditors with Priority Unsecured Claims							
4285 Genesee Street Cheektowaga, NY 14225-1943	■ Part 2: Creditors with Nonpriority Unsecured Cla	aims						
	Last 4 digits of account number							
Name Address North Star Location Services, LLC	On which entry in Part 1 or Part2 did you list the original creditor? Line 4.10 of (Check one):	S						
4285 Genesee Street Cheektowaga, NY 14225-1943	■ Part 2: Creditors with Nonpriority Unsecured Cla	aims						
	Last 4 digits of account number							
Name Address Northland Group Inc. P.O. Box 390905	On which entry in Part 1 or Part2 did you list the original creditor? Line 4.28 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims							
Minneapolis, MN 55439	Last 4 digits of account number							
Name Address	On which entry in Part 1 or Part2 did you list the original creditor?							
Northland Group Inc. P.O. Box 390905	Line <u>4.23</u> of (<i>Check one</i>): ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims							
Minneapolis, MN 55439	Last 4 digits of account number							

Case 15-83108 Doc 1 Filed 12/16/15 Entered 12/16/15 16:39:33 Desc Main Page 33 of 64 Case number (if know) Document

Debtor 1 Melissa Dawn Mathis

Name Address Northland Group Inc. P.O. Box 390846 Minneapolis, MN 55439	On which entry in Part 1 or Part2 did you list the original creditor? Line 4.21 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims					
	Last 4 digits of account number					
Name Address	On which entry in Part 1 or Part2 did you list the original creditor?					
Portfolio Recovery Associates, LLC	Line 4.22 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims				
P.O. Box 12914		■ Part 2: Creditors with Nonpriority Unsecured Claims				
Norfolk, VA 23541	Last 4 digits of account no	umber				

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total claim	
	6a.	Domestic support obligations	6a.	\$	0.00
Total claims					
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total. Add lines 6a through 6d.	6e.	\$	0.00
				Total Claim	
	6f.	Student loans	6f.	\$	0.00
Total claims	_				
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	44,761.65
	6j.	Total. Add lines 6f through 6i.	6j.	\$	44,761.65

Case 15-83108 Doc 1 Filed 12/16/15 Entered 12/16/15 16:39:33 Desc Main

		Docume	IIL FAUC 34 UI 04	
Fill in this infor	rmation to identify your	case:		
Debtor 1	Melissa Dawn Ma	nthis		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		NORTHERN DISTRICT	OF ILLINOIS	
Case number (if known)				☐ Check if this is an
				amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1	AT&T P.O. Box 8100 Aurora, IL 60507-8100	2 year cell phone contract ending 04/2016
2.2	Nancy & William Bluis 2667 Connolly Lane West Dundee, IL 60118	1 year residential real estate lease ending 02/28/2016

Case 15-83108 Doc 1 Filed 12/16/15 Entered 12/16/15 16:39:33 Desc Main

		Docume	nt Page 35 ເ	of 64	
Fill in this	information to identify your	case:			
Debtor 1	Melissa Dawn Ma	athic			
20010	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filin	ng) First Name	Middle Name	Last Name		
United Sta	tes Bankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
Case num	ber				
(if known)				☐ Check if this is an	
				amended filing	
O(() - 1	1.5				
	l Form 106H				
Sched	lule H: Your Cod	lebtors		12/·	15
,	and case number (if known you have any codebtors? (If	,		e as a codebtor.	
■ No					
■ No	•				
— 103	•				
				ry? (Community property states and territories include	
Arizon	a, California, Idaho, Louisiana	i, Nevada, New Mexico, Pu	erto Rico, Texas, Wasr	nington, and Wisconsin.)	
■ No.	Go to line 3.				
	s. Did your spouse, former spo	ouse, or legal equivalent live	e with you at the time?		
	, , , , , , , , , , , , , , , , , , , ,		, , , , , , , , , , , , , , , , , , , ,		
3. In Col	umn 1, list all of your codeb	tors. Do not include your	spouse as a codebto	r if your spouse is filing with you. List the person s	hown
in line	2 again as a codebtor only	if that person is a guaran	tor or cosigner. Make	sure you have listed the creditor on Schedule D (O	fficia
	יוסט), Schedule ב/ר (Officia t Column 2.	ii Form 106E/F), or Sched	ule G (Official Form 1	06G). Use Schedule D, Schedule E/F, or Schedule C	i to
	Column 1: Your codebtor Name, Number, Street, City, State and 2	IP Code		Column 2: The creditor to whom you owe the d Check all schedules that apply:	ebt
				Check an achedules that apply.	
3.1				☐ Schedule D, line	
	Name			☐ Schedule E/F, line	
				☐ Schedule G, line	
-	Number Street			_	
	City	State	ZIP Code		
3.2				☐ Schedule D, line	
	Name			☐ Schedule E/F, line	
				☐ Schedule G, line	
-	Number Street			_	
	City	State	ZIP Code		

Case 15-83108 Doc 1 Filed 12/16/15 Entered 12/16/15 16:39:33 Desc Main Document Page 36 of 64

	in this information to identify your c								
Det	otor 1 Melissa Dav	vn Matnis			-				
	otor 2								
Uni	ted States Bankruptcy Court for the	: NORTHERN DISTRIC	CT OF ILLINOIS		_				
	se number 		-				ded filing nent showi	ng postpetition	
O ⁻	fficial Form 106I					MM / DD/		following date	:
	chedule I: Your Inc	ome				ואואו / טט/	* * * * *		12/1
spo atta	plying correct information. If you use. If you are separated and you ch a separate sheet to this form. Describe Employment	ır spouse is not filing w	ith you, do not includ	e infor	matio	on about your s	pouse. If r	nore space is	needed,
1.	Fill in your employment information.		Debtor 1			Debtor	2 or non-	filing spouse	
	If you have more than one job,	Employment status	■ Employed			☐ Emp	☐ Employed		
	attach a separate page with information about additional		☐ Not employed			☐ Not	☐ Not employed		
employers. Include part-	Include part-time, seasonal, or	Occupation	Office Manager/H Resources	luman	1				
	self-employed work.	Employer's name	FBC Industries, I	FBC Industries, Inc					
	Occupation may include student or homemaker, if it applies.	Employer's address	1933 N. Meacham Road Suite 550 Schaumburg, IL 60173						
		How long employed t	here? 4 years 7	7 mont	ths				
Par	t 2: Give Details About Mor	othly Income							
Esti	mate monthly income as of the duse unless you are separated.	•	you have nothing to re	port for	any	line, write \$0 in tl	ne space. I	nclude your no	on-filing
	u or your non-filing spouse have me e space, attach a separate sheet to		ombine the information	for all	emplo	oyers for that per	son on the	lines below. I	f you need
						For Debtor 1		ebtor 2 or ling spouse	
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$	4,498.22	\$	N/A	-
3.	Estimate and list monthly overt	ime pay.		3.	+\$	0.00	+\$	N/A	-
4.	Calculate gross Income. Add lin	ne 2 + line 3.		4.	\$	4,498.22	\$_	N/A	

Case 15-83108 Doc 1 Filed 12/16/15 Entered 12/16/15 16:39:33 Desc Main Document Page 37 of 64

Debto	or 1	Melissa Dawn Mathis	_	С	ase numbe	er (if knowi	1)				
					For Debt	or 1			Debtor filing s		
	Сор	y line 4 here	4.	-	\$ 4	1,498.2	2	\$	illing 5	N/A	_
_											_
		all payroll deductions:									
	5a.	Tax, Medicare, and Social Security deductions	5a.			,001.2		\$		N/A	_
	5b. 5c.	Mandatory contributions for retirement plans Voluntary contributions for retirement plans	5b.		\$ \$	0.0		\$		N/A	_
	5d.	Required repayments of retirement fund loans	5c. 5d.		Φ \$	108.3 0.0	_	\$ 		N/A N/A	_
	5e.	Insurance	5e.		\$	181.5	_	\$—		N/A	
	5f.	Domestic support obligations	5f.		\$	0.0	_	\$		N/A	_
	5g.	Union dues	5g.		\$	0.0	_	\$		N/A	_
	5h.	Other deductions. Specify:	5h.		\$	0.0	_	+ \$		N/A	_
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	9	5 1	,291.1	8	\$		N/A	_
7.	Cald	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	9	3	3,207.0	4	\$		N/A	-
	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total									_
		monthly net income.	8a.		\$	0.0		\$		N/A	_
	8b.	Interest and dividends	8b.	. :	\$	0.0	0_	\$		N/A	_
	8c. 8d.	Family support payments that you, a non-filing spouse, or a dependen regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation	8c. 8d.		\$	0.0		\$		N/A N/A	
	8e.	Social Security	8e.		\$	0.0	_	\$		N/A	_
	8f. 8g.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income	8f. 8g.	. :	\$	0.0 0.0	0	\$ 		N/A N/A	<u> </u>
	8h.	Other monthly income. Specify: Contribution from partner	8h.	.+ :	\$	700.0	0 -	+ \$		N/A	<u>-</u>
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$		700.0	0	\$		N/	A
10.	Cald	culate monthly income. Add line 7 + line 9.	10.	\$	3,907	'.04 +	\$		N/A	= \$	3,907.04
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		-	0,001		Ť-		1471		0,001101
	Stat Inclu othe Do r	te all other regular contributions to the expenses that you list in Schedul ade contributions from an unmarried partner, members of your household, you are friends or relatives. not include any amounts already included in lines 2-10 or amounts that are noticify:	r depe		, ,			,	Schedule 11.		0.00
		the amount in the last column of line 10 to the amount in line 11. The ree that amount on the Summary of Schedules and Statistical Summary of Certiles							12.	\$	3,907.04
13.	Do ۱	you expect an increase or decrease within the year after you file this forn	1?								ly income
	.	No.									
	П	Yes Explain:									

Case 15-83108 Doc 1 Filed 12/16/15 Entered 12/16/15 16:39:33 Desc Main Document Page 38 of 64

Check if this is: Check if this is: Check if this is: An amended filing An a	Filli	n this informa	ation to identify y	our case:						
Dehlor 2 (Spouse, Iff life) Dehlor 2 A supplement showing pospetition chapter (3 expenses as of the following date: MM / DD / YYYY	Debt	or 1	Melissa Daw	n Mathis	:		Ch	neck if th	is is:	
United States Bankruptey Court for the: NORTHERN DISTRICT OF ILLINOIS Official Form 106J Schedule J: Your Expenses Be as complete and accurate as possible. If we married people are filling together, both are equally responsible for supplying correct information, if more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Your Household Is this a joint case? No, Go to line 2 Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2. Do not list Debtor 1 and Debtor 2. Do not list Debtor 1 and Debtor 2. Son 1 Year Separate Household of Debtor 2. Son 1 Year Yes No On No Yes No On No Yes No On No On No Yes No On No On No One of No One o	Debt	tor 2							J	wing postpetition chapter
Case number (If known) Comparison Compa	(Spo	ouse, if filing)								
Official Form 106J Schedule J: Your Expenses 12/11 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information, fin more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Tatti	Unite	ed States Bankr	ruptcy Court for the	NORTH	IERN DISTRICT OF ILL	INOIS		MM /	DD / YYYY	
Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known), Answer every question. Part Describe Your Household										
Ea as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Answer every question.	Of	ficial Fo	orm 106J				-			
information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. and bescribe Your Household	_									
1. Is this a joint case? No. Go to line 2. Yes. Does Debtor 2 live in a separate household? No. Do you have dependents? No. Do not list Debtor 1 and Debtor 2. Do not state the dependents names. Son 1 Year No. No. Yes Son 1 Year No. No. Yes No. No. Yes No. Yes No. No. Yes No. No. Yes No. No. Yes No. Yes Include expenses of people other than yourself and your dependents? Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106.1). If not included in line 4: 4. Real estate taxes 4a. \$ 0.00 4b. Property, homeowner's, or renter's insurance 4c. \$ 0.00 1.00 No. Yes No. Your expenses 4d. \$ 0.00 4d. Home maintenance, repair, and upkeep expenses 4d. \$ 0.00 1.00	info	rmation. If m	nore space is ne	eded, atta	ich another sheet to th					
No. Go to line 2. Yes. Does Debtor 2 live in a separate household? No. Go to line 2. No. Do you have dependents? No. Do not list Debtor 1				hold						
Yes. Does Debtor 2 live in a separate household? No	1.	_								
Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2. 2. Do you have dependents? No Do not list Debtor 1 and Debtor 2. Do not state the dependents names. Son 1 Year No No Yes No No Yes Yes No No Yes No No Yes Yes No Yes Yes No Yes Ye				in a separ	ate household?					
Do not list Debtor 1 and Debtor 2. Do not state the dependents names. Son 1 Year No Yes No Yes No Yes 3. Do your expenses include expenses of people other than your dependents? Yes No Yes No Yes 1. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. If not included in line 4: 4a. Real estate taxes 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4d. Home owner's association or condominum dues Popendent's relationship to Dependent's relationship to Debtor 1 age Dependent's relationship to Debtor 2 age Dependent's relationship to Debtor 2 age Dependent's relationship to Debtor 2 age Photo Debtor 1 or Debtor 2 Dependent's relationship to Debtor 2 age Photo Debtor 1 or Debtor 2 No No Yes No No Yes No No Yes No Yes 1 Year No Yes No No Yes No Yes 1 Year Yes No No Yes 1 Yes 1 Yes No Yes 1 Yes 1 Yes No Yes 1 Yes No No Yes No No Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes No No Yes 1 Yes				st file Offic	ial Form 106J-2, <i>Expen</i>	ses for Separate Hous	sehold of D	ebtor 2.		
and Debtor 2. Do not state the dependents names. Son 1 Year Yes No Yes This is a supplement in a Chapter 13 case to report expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.) 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. If not included in line 4: 4a. Real estate taxes 4b. Property, homeowner's, or renter's insurance 4c. \$ 0.00 Ad. Home maintenance, repair, and upkeep expenses 4d. \$ 0.00 Ad. Home maintenance, repair, and upkeep expenses 4d. \$ 0.00 Ad. Home maintenance, repair, and upkeep expenses 4d. \$ 0.00 Ad. Home maintenance, repair, and upkeep expenses Ad. \$ 0.00 Ad. Home maintenance, repair, and upkeep expenses Ad. \$ 0.00 Ad. Home maintenance, repair, and upkeep expenses Ad. \$ 0.00 Ad. Home maintenance, repair, and upkeep expenses Ad. \$ 0.00 Ad. Home maintenance, repair, and upkeep expenses Ad. \$ 0.00 Ad. Home maintenance, repair, and upkeep expenses Ad. \$ 0.00 Ad. Home maintenance, repair, and upkeep expenses Ad. \$ 0.00 Ad. Home maintenance, repair, and upkeep expenses Ad. \$ 0.00 Ad. Home maintenance, repair, and upkeep expenses	2.	Do you hav	e dependents?	□ No						
dependents names. Son 1 Year Yes No No Yes Yes No Yes Yes No Yes Yes Yes Yes Yes No Yes				■ Yes.					•	
3. Do your expenses include expenses of people other than yourself and your dependents? Part 2: Estimate Your Ongoing Monthly Expenses Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106i.) 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. If not included in line 4: 4a. Real estate taxes 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4c. \$ 0.00 4d. Homeowner's association or condominium dues 4d. \$ 0.00 0.00						Sam			Vaar	— · · · ·
3. Do your expenses include expenses of people other than yourself and your dependents? Part 2: Estimate Your Ongoing Monthly Expenses Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106L.) 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. If not included in line 4: 4a. Real estate taxes 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4d. \$ 0.00 4d. Homeowner's association or condominium dues 4d. \$ 0.00		aepenaents	names.			Son			Tear	
3. Do your expenses include expenses of people other than yourself and your dependents? Part 2: Estimate Your Ongoing Monthly Expenses Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.) 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. If not included in line 4: 4a. Real estate taxes 4a. \$ 0.00 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4d. \$ 20.00 4d. Homeowner's association or condominium dues 4d. \$ 0.00										= ::-
3. Do your expenses include expenses of people other than yourself and your dependents? Part 2: Estimate Your Ongoing Monthly Expenses Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.) 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. If not included in line 4: 4a. Real estate taxes 4a. \$ 0.00 4b. Property, homeowner's, or renter's insurance 4b. \$ 20.00 4c. Home maintenance, repair, and upkeep expenses 4d. \$ 20.00 4d. Homeowner's association or condominium dues										= : : :
3. Do your expenses include expenses of people other than yourself and your dependents? Part 2:										= :
3. Do your expenses include expenses of people other than yourself and your dependents? Part 2: Estimate Your Ongoing Monthly Expenses Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental <i>Schedule J</i> , check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on <i>Schedule I: Your Income</i> (Official Form 106L) 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. If not included in line 4: 4a. Real estate taxes 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4d. \$ 20.00 4d. Homeowner's association or condominium dues										
Estimate Your Ongoing Monthly Expenses Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental <i>Schedule J</i> , check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on <i>Schedule I: Your Income</i> (Official Form 106I.) 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. If not included in line 4: 4a. Real estate taxes 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4d. \$ 0.00 4d. Homeowner's association or condominium dues	3.	expenses o	f people other t	han $_{\square}$						103
Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental <i>Schedule J</i> , check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on <i>Schedule I</i> : Your Income (Official Form 106L) 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. If not included in line 4: 4a. Real estate taxes 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4d. \$ 20.00 4d. Homeowner's association or condominium dues	Part				ly Fynansas					
the value of such assistance and have included it on <i>Schedule I: Your Income</i> (Official Form 106I.) 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. If not included in line 4: 4a. Real estate taxes 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4d. \$ 1,050.00 4a. \$ 0.00 4b. \$ 20.00 4c. Homeowner's association or condominium dues 4d. \$ 0.00	Esti exp	mate your ex enses as of a	xpenses as of you	our bankr	uptcy filing date unles					
4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. If not included in line 4: 4a. Real estate taxes 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4d. Homeowner's association or condominium dues Your expenses 4. \$ 1,050.00 4. \$ 0.00 4. \$ 0.00 4. \$ 0.00 4. \$ 0.00	Incl	ude expense	es paid for with	non-cash	government assistand	e if you know				
payments and any rent for the ground or lot. If not included in line 4: 4a. Real estate taxes 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4d. Homeowner's association or condominium dues 4. \$ 1,050.00 4a. \$ 0.00 4b. \$ 20.00 4c. Home maintenance, repair, and upkeep expenses 4d. \$ 0.00				d have in	cluded it on Schedule	I: Your Income		_	Your expo	enses
4a.Real estate taxes4a.\$0.004b.Property, homeowner's, or renter's insurance4b.\$20.004c.Home maintenance, repair, and upkeep expenses4c.\$20.004d.Homeowner's association or condominium dues4d.\$0.00	4.					e. Include first mortgaç	ge 4.	\$		1,050.00
4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4d. Homeowner's association or condominium dues 4d. \$ 20.00 20.00 4d. \$ 0.00		If not include	ded in line 4:							
4c. Home maintenance, repair, and upkeep expenses 4d. Homeowner's association or condominium dues 4d. \$ 20.00 0.00		4a. Real	estate taxes				4a.	\$_		0.00
4d. Homeowner's association or condominium dues 4d. \$ 0.00		•	•							
										-
	5.					home equity loans		· —		

Case 15-83108 Doc 1 Filed 12/16/15 Entered 12/16/15 16:39:33 Desc Main Document Page 39 of 64

6d. Other. Specify: 7. Food and housekeeping 8. Childcare and children's 9. Clothing, laundry, and dr 10. Personal care products a 11. Medical and dental experiments of a large products a 12. Transportation. Include ground port include car payment 13. Entertainment, clubs, rect 14. Charitable contributions 15. Insurance. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance 15d. Other insurance. Specify: 17. Installment or lease payments for Vental payments for Vental payments for Vental payments for Vental payments of alimor deducted from your payners 19. Other payments you make	age collection ne, Internet, satellite, and cable services	6a. 6b. 6c.	\$	124.00
6b. Water, sewer, garba 6c. Telephone, cell phot 6d. Other. Specify: 7. Food and housekeeping 8. Childcare and children's 9. Clothing, laundry, and dr 10. Personal care products a 11. Medical and dental exper 12. Transportation. Include g Do not include car paymen 13. Entertainment, clubs, rec 14. Charitable contributions 15. Insurance. Do not include insurance of 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 17. Installment or lease payments for Ventage of 15a. Car payments for Ventage of 15b. Car payments for Ventage of 15c. Vehicle insurance of 15c. Vehicle insurance of 15d. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 18. Your payments of alimor deducted from your payments 19. Other payments you make	age collection ne, Internet, satellite, and cable services	6b. 6c.	\$	
6c. Telephone, cell photo 6d. Other. Specify: 7. Food and housekeeping 8. Childcare and children's 9. Clothing, laundry, and di 10. Personal care products at 11. Medical and dental expent 12. Transportation. Include good Do not include car payment 13. Entertainment, clubs, rect 14. Charitable contributions 15. Insurance. 16. Do not include insurance of 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance 15d. Other insurance. Specify: 17. Installment or lease payments for Vental Control of Vental Other. Specify: 17. Other. Specify: 18. Your payments of alimondeducted from your payments of Vental Control of Vental Contr	ne, Internet, satellite, and cable services	6c.	·	
6d. Other. Specify: 7. Food and housekeeping 8. Childcare and children's 9. Clothing, laundry, and dr 10. Personal care products a 11. Medical and dental experiments of a large products a 12. Transportation. Include ground product of the large products a 13. Entertainment, clubs, recomments 14. Charitable contributions 15. Insurance. Do not include insurance of the large product of				60.00
 Food and housekeeping Childcare and children's Clothing, laundry, and dr Personal care products at Medical and dental experiments Transportation. Include ground point include car payment Entertainment, clubs, red Charitable contributions Insurance. Do not include insurance of the insurance Life insurance Vehicle insurance Other insurance. Specify: Installment or lease payments for Ventage of the insurance of the insurance of the insurance. Specify: Installment or lease payments. Car payments for Ventage of the insurance of the insurance of the insurance. Specify: Other. Specify: Your payments of alimor deducted from your payments. Other payments you make 	aumalia.		\$	365.00
 Childcare and children's Clothing, laundry, and dr Personal care products at Medical and dental experiments Transportation. Include ground point include car payments Entertainment, clubs, rectanged Charitable contributions Insurance. Do not include insurance of the insurance Life insurance Vehicle insurance Other insurance. Specify: Installment or lease payments for Ventage of the insurance of the insurance of the insurance. Specify: Installment or lease payments. Car payments for Ventage of the insurance of the insurance. Specify: Ventage of the insurance of the insurance. Specify: Installment or lease payments. Car payments for Ventage of the insurance of the insurance. Specify: Other. Specify: Your payments of alimor deducted from your payments. Other payments you make the insurance of the insurance. Specify: 	avending.	6d.	\$	0.00
9. Clothing, laundry, and dr 10. Personal care products a 11. Medical and dental exper 12. Transportation. Include g Do not include car paymen 13. Entertainment, clubs, rec 14. Charitable contributions 15. Insurance. Do not include insurance of 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 17. Installment or lease payments for Vehicle. Car payments for Vehicle. Car payments for Vehicle. Other. Specify: 17d. Other. Specify: 18. Your payments of alimor deducted from your payhold.	supplies		\$	450.00
 Personal care products at Medical and dental experiments. Transportation. Include gono not include car payments. Entertainment, clubs, rectangle contributions. Charitable contributions. Insurance. Do not include insurance of 15a. Life insurance Life insurance Vehicle insurance Other insurance. Taxes. Do not include taxed specify: Installment or lease payments. Car payments for Vehicle. Car payments for Vehicle. Other. Specify: Other. Specify: Your payments of alimor deducted from your payments. Other payments you make 	education costs	8.	\$	610.00
 Medical and dental experiments Transportation. Include ground include car payments Entertainment, clubs, red Charitable contributions Insurance. Do not include insurance of 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: Installment or lease payments for Ventage of the control of the cont	ry cleaning	9.	\$	100.00
 Transportation. Include g Do not include car paymer Entertainment, clubs, red Charitable contributions Insurance. Do not include insurance of Life insurance Vehicle insurance Other insurance. Specify: Installment or lease payments for Vehicle. Car payments for Vehicle. Other. Specify: Other. Specify: Other. Specify: Your payments of alimor deducted from your payments. Other payments you make 	and services	10.	\$	75.00
Do not include car paymer 13. Entertainment, clubs, rec 14. Charitable contributions 15. Insurance. Do not include insurance of 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 16. Taxes. Do not include taxe Specify: 17. Installment or lease payments for Ventage of 17b. Car payments for Ventage of 17c. Other. Specify: 17d. Other. Specify: 18. Your payments of alimor deducted from your payments you make 19. Other payments you make 19.	nses	11.	\$	440.00
 13. Entertainment, clubs, red 14. Charitable contributions 15. Insurance. Do not include insurance of 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 16. Taxes. Do not include taxe Specify: 17. Installment or lease payr 17a. Car payments for Verential Control of 17b. Car payments for Verential Control of 17b. Other. Specify: 17d. Other. Specify: 18. Your payments of alimor deducted from your payr 19. Other payments you make 	as, maintenance, bus or train fare.	40	•	220.00
 14. Charitable contributions 15. Insurance. Do not include insurance of 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 16. Taxes. Do not include taxe Specify: 17. Installment or lease payr 17a. Car payments for Ventage of 17b. Car payments for Ventage of 17c. Other. Specify: 17d. Other. Specify: 18. Your payments of alimor deducted from your payners 19. Other payments you make 		12.	•	320.00
 15. Insurance. Do not include insurance of 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 16. Taxes. Do not include taxe Specify: 17. Installment or lease payr 17a. Car payments for Ventage of 17b. Car payments for Ventage of 17c. Other. Specify: 17d. Other. Specify: 18. Your payments of alimor deducted from your payners 19. Other payments you make 	creation, newspapers, magazines, and books	13.		100.00
Do not include insurance of 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Sp. 16. Taxes. Do not include taxe Specify: 17. Installment or lease payr 17a. Car payments for Venture. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other specify: 18. Your payments of alimor deducted from your payr 19. Other payments you make	and religious donations	14.	\$	0.00
 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Sp 16. Taxes. Do not include taxe Specify: 17. Installment or lease payr 17a. Car payments for Ventage of the Specify: 17b. Car payments for Ventage of the Specify: 17c. Other. Specify: 17d. Other. Specify: 18. Your payments of alimor deducted from your payness 19. Other payments you make 				
 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 16. Taxes. Do not include taxe Specify: 17. Installment or lease payr 17a. Car payments for Veneral Specify: 17b. Car payments for Veneral Specify: 17c. Other. Specify: 17d. Other. Specify: 18. Your payments of alimor deducted from your payner 19. Other payments you make 	deducted from your pay or included in lines 4 or 20.	45-	¢.	0.00
 15c. Vehicle insurance 15d. Other insurance. Specify: 16. Taxes. Do not include taxe Specify: 17. Installment or lease payr 17a. Car payments for Veneral Specify: 17b. Car payments for Veneral Specify: 17c. Other. Specify: 17d. Other. Specify: 18. Your payments of alimor deducted from your payner 19. Other payments you make 		15a.	·	0.00
 15d. Other insurance. Specify: 16. Taxes. Do not include taxe Specify: 17. Installment or lease payr 17a. Car payments for Ve 17b. Car payments for Ve 17c. Other. Specify: 17d. Other. Specify: 18. Your payments of alimor deducted from your pay 19. Other payments you make 		15b.		0.00
 16. Taxes. Do not include taxe Specify: 17. Installment or lease payr 17a. Car payments for Ve 17b. Car payments for Ve 17c. Other. Specify: 17d. Other. Specify: 18. Your payments of alimor deducted from your pay 19. Other payments you make 		15c.	·	104.00
Specify: 17. Installment or lease payr 17a. Car payments for Ve 17b. Car payments for Ve 17c. Other. Specify: 17d. Other. Specify: 18. Your payments of alimor deducted from your pay 19. Other payments you make	·	15d.	\$	0.00
17a. Car payments for Ve 17b. Car payments for Ve 17c. Other. Specify: 17d. Other. Specify: 18. Your payments of alimor deducted from your pay 19. Other payments you make	es deducted from your pay or included in lines 4 or 20.	16.	\$	0.00
 17b. Car payments for Versions 17c. Other. Specify: 17d. Other. Specify: 18. Your payments of alimor deducted from your payers 19. Other payments you make 		47-	•	405.00
 17c. Other. Specify: 17d. Other. Specify: 18. Your payments of alimor deducted from your pay 19. Other payments you make 		17a.	*	405.00
 17d. Other. Specify: 18. Your payments of alimor deducted from your pay 19. Other payments you make 	enicle 2	17b.	·	0.00
18. Your payments of alimor deducted from your pay19. Other payments you make		17c.		0.00
deducted from your pay 19. Other payments you make		17d.	\$	0.00
	ny, maintenance, and support that you did not report a on line 5, <i>Schedule I, Your Income</i> (Official Form 106I)			0.00
Chacifu	ke to support others who do not live with you.		\$	0.00
Specify:		19.		
	nses not included in lines 4 or 5 of this form or on Sci			0.00
20a. Mortgages on other	ргорепу	20a.		0.00
20b. Real estate taxes	and a constant to the constant	20b.	· ·	0.00
20c. Property, homeowne		20c.	·	0.00
20d. Maintenance, repair		20d.	·	0.00
	ciation or condominium dues	20e.	·	0.00
21. Other: Specify: Pet ca	•	21.		61.00
Miscellaneouse (bank	ing, tax preparation, gifts)		_+\$	100.00
22. Calculate your monthly e 22a. Add lines 4 through 2	•		\$	4,404.00
•	y expenses for Debtor 2), if any, from Official Form 106J-2)	\$	
		-	·	
22c. Add line 22a and 22b	. The result is your monthly expenses.		\$	4,404.00
23. Calculate your monthly r	net income.			
-	combined monthly income) from Schedule I.	23a.	\$	3,907.04
	expenses from line 22c above.	23b.	*	4,404.00
	.			
23c. Subtract your month The result is your <i>m</i>	nly expenses from your monthly income.	23c.	\$	-496.96
	se or decrease in your expenses within the year after y finish paying for your car loan within the year or do you expect your			or decrease because of a

Case 15-83108 Doc 1 Filed 12/16/15 Entered 12/16/15 16:39:33 Desc Main Document Page 40 of 64

Fill in this inform	nation to identify	our case:			
Debtor 1	Melissa Dawr	n Mathis			
	First Name	Middle Name	Last Name	_	
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States Bar	nkruptcy Court for t	he: NORTHERN DISTRICT	OF ILLINOIS		
Case number					☐ Check if this is an amended filing
Official Form					
Declarati	<u>ion Abou</u>	t an Individual	Debtor's	Schedules	12/15
You must file this obtaining money	form whenever y		or amended sched	Iules. Making a false sta	atement, concealing property, or 000, or imprisonment for up to 20
Sign	Below				
Did you pay	or agree to pay s	omeone who is NOT an attor	ney to help you fill	out bankruptcy forms?	
■ No					
☐ Yes. N	lame of person _			. Attach Bankruptcy Pet and Signature (Official F	ition Preparer's Notice, Declaration, Form 119).
	ty of perjury, I dec	lare that I have read the sum	mary and schedule	s filed with this declara	tion and
X /s/ Meli	ssa Dawn Mathi	S	x		

Signature of Debtor 2

Date

Melissa Dawn Mathis Signature of Debtor 1

Date December 8, 2015

Case 15-83108 Doc 1 Filed 12/16/15 Entered 12/16/15 16:39:33 Desc Main Document Page 41 of 64

	this information to identify y				
Debto	r 1 Melissa Dawn First Name	Mathis Middle Name	Last Name		
Debto	r 2 e if, filing) First Name	Middle Name	Last Name		
'	, 3,				
United	d States Bankruptcy Court for th	e. NORTHERN DISTRICT C	OF ILLINOIS		
Case (if know	number n)			_	Check if this is an amended filing
	cial Form 107 ement of Financia	I Affairs for Individ	luals Filing for E	ankruptcy	12/1
inform	ation. If more space is needer (if known). Answer every q	ssible. If two married people a ed, attach a separate sheet to uestion. Marital Status and Where You	this form. On the top of a		
1. W	/hat is your current marital st	atus?			
	•				
	Not married				
2. D	uring the last 3 years, have yo	ou lived anywhere other than	where you live now?		
] No				
	Yes. List all of the places yo	ou lived in the last 3 years. Do no	ot include where you live no	W.	
	Debtor 1 Prior Address:	Dates Debtor 1 lived there	Debtor 2 Prior A	ddress:	Dates Debtor 2 lived there
	361 Cunat Court Lake in the Hills, IL 60156	From-To: 07/2010 - 01/2	☐ Same as Debtor	1	☐ Same as Debtor 1 From-To:
	and territories include Arizona, No Yes. Make sure you fill out	Lever live with a spouse or leg California, Idaho, Louisiana, Ne Schedule H: Your Codebtors (Officer Income	vada, New Mexico, Puerto I		
Fi	II in the total amount of income	employment or from operating you received from all jobs and a you have income that you receive	all businesses, including pa	rt-time activities.	ndar years?
 	, , ,				
		Debtor 1		Debtor 2	
		Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	January 1 of current year untage you filed for bankruptcy:	Wages, commissions, bonuses, tips	\$45,883.27	☐ Wages, commissions, bonuses, tips	
		☐ Operating a business		☐ Operating a business	

Doc 1 Filed 12/16/15 Entered 12/16/15 16:39:33 Desc Main Case 15-83108 Document

Page 42 of 64 Case number (if known) Debtor 1 Melissa Dawn Mathis

				Debtor 1		Debtor 2		
				Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of inco Check all that app		Gross income (before deductions and exclusions)
	r last cale anuary 1 to		nr: ber 31, 2014)	■ Wages, commissions, bonuses, tips	\$50,981.00	☐ Wages, comm bonuses, tips	issions,	
				☐ Operating a business		Operating a bu	ısiness	
			r before that: ber 31, 2013)	■ Wages, commissions, bonuses, tips	\$51,050.00	☐ Wages, comm bonuses, tips	issions,	
				☐ Operating a business		Operating a bu	ısiness	
5.	Include ir unemploy gambling List each	ncome re yment, an and lotte source a	gardless of wheth nd other public be ery winnings. If yo	e during this year or the two ler that income is taxable. Ex nefit payments; pensions; rei u are filing a joint case and y ome from each source separa	amples of other income are antal income; interest; dividen ou have income that you rec	alimony; child suppo ds; money collected eived together, list it	from laws only once	uits; royalties; and
				Debtor 1		Debtor 2		
				Sources of income Describe below	Gross income (before deductions and exclusions)	Sources of incor Describe below.	ne	Gross income (before deductions and exclusions)
			urrent year until bankruptcy:	Contribution to Household	\$6,500.00			
	r last cale anuary 1 to		nr: ber 31, 2014)	Contribution to Household	\$7,600.00			
			r before that: ber 31, 2013)	Contribution to Household	\$8,170.00			
Pa	rt 3: Lis	st Certaiı	n Payments You	Made Before You Filed for	Bankruptcy			
6.	Are eithe ☐ No.	Neithe	er Debtor 1 nor D	s debts primarily consume lebtor 2 has primarily consi personal, family, or househo	umer debts. Consumer debi	ts are defined in 11 l	J.S.C. § 10	11(8) as "incurred by an
		During	•	re you filed for bankruptcy, d	id you pay any creditor a tota	al of \$6,225* or more	1?	
		□ Y	es List below e paid that cre not include	each creditor to whom you pa editor. Do not include paymen payments to an attorney for t	nts for domestic support obliq his bankruptcy case.	gations, such as chil	d support a	and alimony. Also, do
		* Sub	ject to adjustment	t on 4/01/16 and every 3 year	s after that for cases filed or	or after the date of	adjustmen	t.
	Yes			r both have primarily constructions re you filed for bankruptcy, d		al of \$600 or more?		
		□ N	o. Go to line 7					
		■ Y	include pay	each creditor to whom you pa ments for domestic support of for this bankruptcy case.				
	Credito	r's Name	and Address	Dates of payme	ent Total amount paid	Amount you still owe	Was this p	payment for

Case 15-83108 Doc 1 Filed 12/16/15 Entered 12/16/15 16:39:33 Desc Main

Page 43 of 64
Case number (if known) Document Debtor 1 Melissa Dawn Mathis

	Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this pa	yment for
	Springleaf Financial Services 2 Crystal Lake Plz Ste B Crystal Lake, IL 60014-3118	September 2015 October 2015 November 2015	\$1,206.00	\$3,680.00	☐ Mortgage ■ Car ☐ Credit Ca ☐ Loan Rep ☐ Suppliers ☐ Other	rd payment
7.	Within 1 year before you filed for bankrupt Insiders include your relatives; any general pacorporations of which you are an officer, direct including one for a business you operate as a support and alimony.	artners; relatives of any generator, person in control, or ow	eral partners; partnerner of 20% or more	erships of which your of their voting sec	u are a genera urities; and an	al partner; y managing agent,
	No☐ Yes. List all payments to an insider					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment
8.	Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cos No				ccount of a de	ebt that benefited an
	Yes. List all payments to an insider					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for Include cred	this payment itor's name
Par	t 4: Identify Legal Actions, Repossession	ns. and Foreclosures				
9.	Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes. No Yes. Fill in the details.					
	Case title	Nature of the case	Court or agency		Status of th	e case
10.	Case number Within 1 year before you filed for bankrupt Check all that apply and fill in the details below No Yes. Fill in the information below.	w.	rty repossessed, f		hed, attached	
	Creditor Name and Address	Describe the Property Explain what happened		Date		Value of the property
11.	Within 90 days before you filed for bankrup accounts or refuse to make a payment bed No Yes. Fill in the details.		uding a bank or fi	nancial institutior	ı, set off any a	amounts from your
	Creditor Name and Address	Describe the action the	creditor took	Date a	action was	Amount
12.	Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a ■ No □ Yes		rty in the possess	ion of an assigne	e for the bend	efit of creditors, a

Case 15-83108 Doc 1 Filed 12/16/15 Entered 12/16/15 16:39:33 Desc Main

Page 44 of 64 Case number (if known) Document Debtor 1 Melissa Dawn Mathis

Pa	tt 5: List Certain Gifts and Contributions	S			_
13.	Within 2 years before you filed for bankru ■ No □ Yes. Fill in the details for each gift.	ıptcy,	did you give any gifts with a total value of more	than \$600 per person	?
	Gifts with a total value of more than \$60 per person	0	Describe the gifts	Dates you gave the gifts	Value
	Person to Whom You Gave the Gift and Address:				
14.	■ No		did you give any gifts or contributions with a to	tal value of more than	\$600 to any charity
	Yes. Fill in the details for each gift or co Gifts or contributions to charities that to more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)	otal	Describe what you contributed	Dates you contributed	Value
Pai	rt 6: List Certain Losses				
15.	Within 1 year before you filed for bankrup disaster, or gambling? ■ No □ Yes. Fill in the details.	otcy o	r since you filed for bankruptcy, did you lose an	ything because of the	ft, fire, other
	how the loss occurred	Includ	tibe any insurance coverage for the loss e the amount that insurance has paid. List ng insurance claims on line 33 of Schedule A/B: rty.	Date of your loss	Value of property lost
Pai	t 7: List Certain Payments or Transfers				
16.	consulted about seeking bankruptcy or p	repari	lid you or anyone else acting on your behalf pay ing a bankruptcy petition? ers, or credit counseling agencies for services requir		rty to anyone you
	Yes. Fill in the details.				
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Y	ou	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
	Aiken & Aiken, LLC 2413 W. Algonquin Rd. #154 Algonquin, IL 60102		\$1500.00 attorney fee \$335.00 filing fee	04/2015 - 12/2015	\$1,835.00
	Debtorcc.org 372 Summit Ave Jersey City, NJ 07306		\$14.95 credit counseling course	10/2015	\$14.95
17.	Within 1 year before you filed for bankrup promised to help you deal with your cred Do not include any payment or transfer that	itors (or transfer any prope	rty to anyone who
	■ No □ Yes. Fill in the details.				
	Person Who Was Paid Address		Description and value of any property transferred	Date payment or transfer was made	Amount of payment

Entered 12/16/15 16:39:33 Case 15-83108 Desc Main Doc 1 Filed 12/16/15 Page 45 of 64 Case number (if known) Document

Melissa Dawn Mathis Debtor 1

18.	Within 2 years before you filed for bankrupte transferred in the ordinary course of your but include both outright transfers and transfers mainclude gifts and transfers that you have already include yets. Fill in the details.	usiness or financial affa ade as security (such as	airs? the granting of a			
	Person Who Received Transfer Address	Description and v property transfer		Describe any prope payments received paid in exchange		Date transfer was made
	Person's relationship to you					
19.	Within 10 years before you filed for bankrup beneficiary? (These are often called asset-pro ■ No □ Yes. Fill in the details.		y property to a	self-settled trust or sin	nilar device of	which you are a
	Name of trust	Description and v	alue of the prop	erty transferred		Date Transfer was
						made
Par	t 8: List of Certain Financial Accounts, Ins	struments, Safe Deposi	t Boxes, and Sto	orage Units		
20.	Within 1 year before you filed for bankruptcy	y, were any financial ac	counts or instru	ıments held in your na	me, or for yoι	ır benefit, closed,
	sold, moved, or transferred? Include checking, savings, money market, o houses, pension funds, cooperatives, associated No				oanks, credit u	unions, brokerage
	Yes. Fill in the details.					
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of accourant instrument	nt or Date accour closed, solo moved, or transferred		Last balance before closing or transfer
21.	Do you now have, or did you have within 1 y cash, or other valuables?	ear before you filed for	bankruptcy, an	y safe deposit box or o	other deposite	ory for securities,
	No					
	Yes. Fill in the details.					
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, S State and ZIP Code)		Describe the contents		Do you still have it?
22.	Have you stored property in a storage unit o	r place other than your	home within 1	year before you filed fo	or bankruptcy	
	■ No					
	Yes. Fill in the details.					
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or I to it? Address (Number, S State and ZIP Code)		Describe the contents		Do you still have it?
Par	t 9: Identify Property You Hold or Control	for Someone Else				
	Do you hold or control any property that sor for someone.		ude any propert	y you borrowed from, a	are storing for	r, or hold in trust
	■ No □ Yes. Fill in the details.					
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the prop (Number, Street, City, S Code)		Describe the property		Value
Par	t 10: Give Details About Environmental Info	ormation				

For the purpose of Part 10, the following definitions apply:

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or Statement of Financial Affairs for Individuals Filing for Bankruptcy Official Form 107 page 5 Case 15-83108 Doc 1 Filed 12/16/15 Entered 12/16/15 16:39:33 Desc Main Document Page 46 of 64

Case number (if known)

Debtor 1 **Melissa Dawn Mathis**

> toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.

- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance,

Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) Governmental unit Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details.	law? e of notice
■ No	
Yes. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) Asame Address (Number, Street, City, State and ZIP Code) Name Address (Number, Street, City, State and ZIP Code) Name Address (Number, Street, City, State and ZIP Code) Asame Address (Number, Street, City, State and ZIP Code) Name Address (Number, Street, City, State and ZIP Code) Name Address (Number, Street, City, State and ZIP Code) Name Address (Number, Street, City, State and ZIP Code) Name Address (Number, Street, City, State and ZIP Code) Name Address (Number, Street, City, State and ZIP Code) Name Address (Number, Street, City, State and ZIP Code) Name Address (Number, Street, City, State and ZIP Code) Name Address (Number, Street, City, State and ZIP Code) Name Address (Number, Street, City, State and ZIP Code) Name Address (Number, Street, City, State and ZIP Code) Name Address (Number, Street, City, State and ZIP Code) Name Address (Number, Street, City, State and ZIP Code) Name Address (Number, Street, City, State and ZIP Code) Name Address (Number, Street, City, State and ZIP Code) Name Address (Number, Street, City, State and ZIP Code) Name Address (Number, Street, City, State and ZIP Code) Name Address (Number, Street, City, State and ZIP Code) Name Address (Number, Street, City, State and ZIP Code) Name Address (Number, Street, Cit	e of notice
Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) No Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) No Steet, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) No Steet, City, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) Name Address (Number, Street, City, Street, City, State and ZIP Code) Part 11: Give Details About Your Business or Connections to Any Business 7: Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business or have any of the following connection	e of notice
No Yes. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and on No Yes. Fill in the details. Case Title Case Number Case Number Case Number No Nature of the case State Case Number Name Address (Number, Street, City, State and ZIP Code) Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any busing A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) A partner in a partnership An officer, director, or managing executive of a corporation An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12.	
Yes. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) Date Address (Number, Street, City, State and ZIP Code) 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and or No Yes. Fill in the details. Case Title Court or agency Name Address (Number, Street, City, State and ZIP Code)	
Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Case Title Case Number Case Number Court or agency Name Address (Number, Street, City, State and ZIP Code) Part 11: Give Details About Your Business or Connections to Any Business Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any busin A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) A partner in a partnership An officer, director, or managing executive of a corporation An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12.	
No Yes. Fill in the details. Case Title Case Number Nature of the case Stat case State and ZIP Code) Part 11: Give Details About Your Business or Connections to Any Business 7: Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any busing A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) A partner in a partnership An officer, director, or managing executive of a corporation An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12.	e of notice
☐ Yes. Fill in the details. Case Title Case Number Court or agency Name Address (Number, Street, City, State and ZIP Code) Nature of the case Stat case Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any busin A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) ☐ An officer, director, or managing executive of a corporation ☐ An owner of at least 5% of the voting or equity securities of a corporation ■ No. None of the above applies. Go to Part 12.	rders.
Case Number Name Address (Number, Street, City, State and ZIP Code) Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any busing A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) A partner in a partnership An officer, director, or managing executive of a corporation An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12.	
27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any busing A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) A partner in a partnership An officer, director, or managing executive of a corporation An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12.	tus of the e
□ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time □ A member of a limited liability company (LLC) or limited liability partnership (LLP) □ A partner in a partnership □ An officer, director, or managing executive of a corporation □ An owner of at least 5% of the voting or equity securities of a corporation ■ No. None of the above applies. Go to Part 12.	
 □ A member of a limited liability company (LLC) or limited liability partnership (LLP) □ A partner in a partnership □ An officer, director, or managing executive of a corporation □ An owner of at least 5% of the voting or equity securities of a corporation ■ No. None of the above applies. Go to Part 12. 	ness?
 □ A partner in a partnership □ An officer, director, or managing executive of a corporation □ An owner of at least 5% of the voting or equity securities of a corporation ■ No. None of the above applies. Go to Part 12. 	
□ An officer, director, or managing executive of a corporation □ An owner of at least 5% of the voting or equity securities of a corporation ■ No. None of the above applies. Go to Part 12.	
 □ An owner of at least 5% of the voting or equity securities of a corporation ■ No. None of the above applies. Go to Part 12. 	
No. None of the above applies. Go to Part 12.	
_	
☐ Yes. Check all that apply above and fill in the details below for each business.	
Business Name Describe the nature of the business Employer Identification number Do not include Social Security number	er or ITIN
(Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed	o. o
 Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all institutions, creditors, or other parties. 	l financial
■ No □ Yes. Fill in the details below.	
Name Address (Number, Street, City, State and ZIP Code)	

Part 12: Sign Below

I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy page 6

Doc 1 Filed 12/16/15 Entered 12/16/15 16:39:33 Desc Main Case 15-83108 Page 47 of 64 Case number (if known) Document

Debtor 1 Melissa Dawn Mathis

are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ M	elissa Dawn Mathis	
	ssa Dawn Mathis	Signature of Debtor 2
Date	December 8, 2015	Date
Did yo	u attach additional pa	ges to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?
■ No		
☐ Yes	3	
Did yo	u pay or agree to pay	someone who is not an attorney to help you fill out bankruptcy forms?
■ No		
☐ Yes	s. Name of Person	. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Case 15-83108 Doc 1 Filed 12/16/15 Entered 12/16/15 16:39:33 Desc Main Document Page 48 of 64

Debtor 1	Melissa Dawn Ma	this		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States B	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number				
(if known)				Check if this is an amended filing
				differided filling
Official Fo	orm 108			
			uals Filing Under Chapter	_

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C
Creditor's Springleaf Financial Services name:	☐ Surrender the property.☐ Retain the property and redeem it.	□ No
Description of 2003 Jeep Liberty 141,000 miles property securing debt:	 ■ Retain the property and enter into a Reaffirmation Agreement. □ Retain the property and [explain]: 	■ Yes
Creditor's Springleaf Financial Services name:	☐ Surrender the property. ☐ Retain the property and redeem it.	□ No
Description of 2003 Jeep Liberty 141,000 miles property securing debt:	Retain the property and enter into a Reaffirmation Agreement.Retain the property and [explain]:	■ Yes

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will the lease be assumed?

Official Form 108

Case 15-83108 Doc 1 Filed 12/16/15 Entered 12/16/15 16:39:33 Desc Main Document Page 49 of 64

	ct to an unexpired lease. wn Mathis Mathis	X Signature of Debtor 2		ny personal
ty that is subjects/ Melissa Dav	ct to an unexpired lease. wn Mathis	x		iny personal
ty that is subject	ct to an unexpired lease.	x		illy personal
	• •	,,,,,,,		iny personai
nonalty of nori	ury I dealare that I have indicate	ed my intention about any property of my es	tate that secures a debt and a	ny nersonal
Sign Below	,			
ption of leased rty:	1 year residential real estat	te lease ending 02/28/2016		
			■ Yes	
n 8) (12/08) r's name:	Nancy & William Bluis		□ No	Page 2
	option of leased ty:	option of leased 1 year residential real estate. Sign Below	ption of leased ty: Nancy & William Bluis 1 year residential real estate lease ending 02/28/2016	Nancy & William Bluis □ No □ Yes Ption of leased ty: □ Sign Below

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html.

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 15-83108 Doc 1 Filed 12/16/15 Entered 12/16/15 16:39:33 Desc Main Document Page 54 of 64

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Northern District of Illinois

In r	Melissa Dawn Mathis		Case No.	
		Debtor(s)	Chapter	7
	DISCLOSURE OF COMPE	NSATION OF ATTOR	NEY FOR DE	EBTOR(S)
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 201 compensation paid to me within one year before the filibe rendered on behalf of the debtor(s) in contemplation	ng of the petition in bankruptcy, o	or agreed to be paid	to me, for services rendered or to
				1,500.00
	Prior to the filing of this statement I have received		\$	1,500.00
	Balance Due		\$	0.00
2.	\$_335.00 of the filing fee has been paid.			
3.	The source of the compensation paid to me was:			
	■ Debtor □ Other (specify):			
4.	The source of compensation to be paid to me is:			
	■ Debtor □ Other (specify):			
5.	■ I have not agreed to share the above-disclosed comp	pensation with any other person u	nless they are mem	bers and associates of my law firm.
	☐ I have agreed to share the above-disclosed compens copy of the agreement, together with a list of the na			
6.	In return for the above-disclosed fee, I have agreed to r	render legal service for all aspects	of the bankruptcy of	ease, including:
	 a. Analysis of the debtor's financial situation, and rend b. Preparation and filing of any petition, schedules, sta c. Representation of the debtor at the meeting of credit d. [Other provisions as needed] Negotiations with secured creditors to reaffirmation agreements and applications 522(f)(2)(A) for avoidance of liens on how 	tement of affairs and plan which it tors and confirmation hearing, and reduce to market value; exer ons as needed; preparation a	may be required; I any adjourned hea mption planning	rings thereof;
7.	By agreement with the debtor(s), the above-disclosed for Representation of the debtors in any diany other adversary proceeding.			es, relief from stay actions or
		CERTIFICATION		
	I certify that the foregoing is a complete statement of aroankruptcy proceeding.	ny agreement or arrangement for p	payment to me for re	epresentation of the debtor(s) in
[December 8, 2015	/s/ Michele L. Aike	n	
1	Date	Michele L. Aiken 6 Signature of Attorney		
		Aiken & Aiken, LL		
		2413 W. Algonquir		
		Algonquin, IL 6010 (847)245-2336 Fax		
		contact@aikenand		
		Name of law firm		

REPRESENTATION AGREEMENT - CHAPTER 7 BANKRUPTCY

This Representation Agreement ("Agreement") is entered into	o by and between <u>Mel SS</u>
Aiken, LLC ("Attorney" or "we"). You are retaining the firm	n Aiken & Aiken, LLC and not one
individual attorney. We will provide the legal services describ	bed below on these terms:

The flat fee listed above is based on the facts as you have described them in our initial meeting. If the complexity of the issues regarding your situation was unclear or understated or, if after review of the questionnaire and your documentation, we determine that your case is more complex than expected or the questionnaire and/or documentation is substantially incomplete, then we are not bound by the flat fee mentioned above. You agree that we will not be obligated to file the case until we are satisfied that the information is substantially complete and any additional fees have been paid. You understand that your case must be filed within sixty (60) days of the first petition preparation by the Attorney or additional attorney fees may be charged. PLEASE BE ADVISED that if you want your case filed on an expedited or emergency basis there will be an additional charge of \$500.00.

The retainer funds will be treated as an advance payment, allowing the Attorney to take the retainer into income immediately and the funds will NOT be placed in the Attorney's trust account. If for any reason, you decide not to file bankruptcy after retaining services but before the petition is filed, we will be entitled to keep all retainer funds paid as of the termination date as payment in full for the services rendered to date.

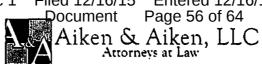
You may pay the fee in installment payments of no more than six (6) months, as detailed in the Attorney Fee Installment Schedule (Attachment A). All installment payments are due 30 days after the prior payment. We will have no obligation to file the petition until all of the fees are paid in full. Any fee paid less than seven (7) days before the filing of your petition must be paid in cash, cashier's check or money order. The legal services fee does not include any costs we incur on your behalf. PLEASE BE ADVISED that there is a \$50.00 service charge for all returned checks.

If, after an initial, detailed financial analysis is completed, it is not possible or desirable for the Client to file a Chapter 7 bankruptcy case and a Chapter 13 bankruptcy case must be filed, a new retainer agreement must be executed and all amounts paid under this agreement will be applied to the attorney fees and costs for a Chapter 13 case.

2. SCOPE OF REPRESENTATION.

<u>Included Services:</u> This agreement covers services rendered after our initial phone consultation, including the analysis of your financial condition, the forms of bankruptcy

Client's Initials: _______



REPRESENTATION AGREEMENT – CHAPTER 7 BANKRUPTCY

available to you, the scope of the relief you may obtain, the preparation and filing of a petition and schedules and claims of exemptions with the bankruptcy court, preparation of the certificate of financial management course) attendance at the initial Section 341 meeting of creditors, and review of reaffirmation agreements for secured debts.

Services Not Included: The flat fee provided in this agreement does not include our services in connection with requests for production of documents by the Chapter 7 Trustee or any other party whenever requested; appearances at, or preparation for Rule 2004 examinations; representation related to disputes or objections to claims of exemption; relief from stay; objections to discharge and dischargeability of debts; avoidance of liens; discharge and/or release of tax liens; governmental audits; request for turnover matters; amendments of any schedules (including the addition of creditors); appeal of any decision; re-opening a closed case (for any reason); nor any services after the closing of your case. We are not engaged to represent you in any litigation now pending or filed hereafter outside the bankruptcy court. Any representation for services not included in this agreement would require a separate retainer agreement and attorney fee.

PLEASE BE ADVISED that representation by the Attorney is limited solely and exclusively to your bankruptcy case and does not include any other legal matters of any nature, including but not limited to: foreclosure defense, home loan modification, debt negotiation, and judgment actions by creditors. If you desire representation in any other matter, a separate fee agreement must be executed.

<u>Billing Terms:</u> Representation for matters not covered by the flat fee will be either: (i) \$250.00 per hour for attorneys; \$125 per hour for paralegal; and \$75 for legal assistant or (ii) a flat fee that is mutually agreed upon by Client and Attorney in writing.

You agree to pay for any and all of the above mentioned services at the time we request payment, unless other arrangements have been agreed to by Client and Attorney in writing. You agree to pay our costs of collection, including reasonable attorneys' fees incurred in the course of collection, should you fail to pay as agreed.

3. COSTS. In addition to the flat fee described above, you also agree to pay all out-of-pocket costs incurred by Attorney in the course of this representation, including but not limited to: copying, postage, long distance telephone charges, fax charges, courier, overnight delivery, title reports, transportation costs including mileage and any other costs that are necessary in the opinion of the Attorney to accomplish the purposes of the representation. You will pay directly the costs of the pre-bankruptcy credit counseling and the post-filing financial management class that is required to receive a bankruptcy discharge. If you do not complete this the post-financial management course in a timely manner, it is possible that your case will be closed without a discharge and you will have to petition the Court to have your case re-opened, incurring an additional court filing fee plus additional attorney fees.

Client's Initials:

REPRESENTATION AGREEMENT - CHAPTER 7 BANKRUPTCY

- 4. ADDITIONAL/INCREASED ATTORNEY FEES. The flat fee listed above is based on the facts as you have described them in our initial consultation. Any of the following may trigger an increase in the fees in your case:
 - A delay of more than seven (7) months between signing this Agreement and providing your fully completed questionnaire and requested documentation;
 - A delay of more than sixty (60) days between providing your completed questionnaire and documentation and the signing of your bankruptcy petition;
 - Failure to provide all of the requested information in a timely fashion;
 - Our determination that your case is more complex than originally thought:
 - Intervening events which change the issues, timing or players in your case;
 - Additional court appearances.

In such an event, we will notify you that this paragraph applies and we will have no obligation to file your petition until any additional fees are paid.

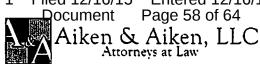
5. AMENDMENTS. Bankruptcy law requires that you file amended schedules if, within six (6) months of the bankruptcy filing, you acquire or become entitled to an inheritance, marital property settlement, life insurance or death benefit. You agree to contact us within seven (7) days of learning that you may be entitled to receive any of these kinds of property.

You are also required to file amended schedules if the originally filed schedules were incorrect or inaccurate in any way. You agree to contact us within seven (7) days of discovering that your original schedules were in any way inaccurate or incomplete.

- 6. COSTS FOR AMENDMENTS. You agree that in the event that documents filed with the court require amending due to your failure to provide adequate or necessary information, you will pay an additional flat legal fee of \$500.00 for amending your petition.
- 7. CONDITIONS. This Agreement will not take effect, and we will have no obligation to provide legal services, until this Agreement has been executed by both you and us and have paid the retainer as detailed above.
- 8. CLIENT RESPONSIBILITIES. The ultimate responsibility for the accuracy and completeness of the bankruptcy schedules and the list of creditors rests with you. Attorney will attempt to assist you in locating and listing your creditors and their current addresses but you sign the schedules under penalty of perjury and you agree to carefully review them prior to signing. Further, you understand that we will rely on the information supplied by you about your assets and liabilities to advise you. Failure to be both truthful and thorough my limit the relief you obtain by the bankruptcy filing. It is essential that you read carefully and respond timely to each and every communication from us. You understand that bankruptcy will remain on your credit reports for a period of up to ten (10) years. You understand that upon the filing of the bankruptcy petition, all of your open credit card accounts, even those with a zero balance, will likely be closed by the credit grantor. You understand that bankruptcy law allows utility companies to require a deposit for continued service. You also acknowledge that it is NOT permissible to incur new unsecured debt after meeting with an attorney but before filing for

Client's Initials:

Page | 3



REPRESENTATION AGREEMENT - CHAPTER 7 BANKRUPTCY

bankruptcy. To incur new debt within ninety (90) days of filing for protection under Chapter 7 is presumed to be fraud and may result in a finding by the Court that that debt is not dischargeable.

You understand that upon filing a petition in bankruptcy, all of your property becomes property of the bankruptcy estate and, unless exempt, may be administered/sold by the trustee in order to benefit your creditors. Further, if you are operating a business, the trustee may demand that you cease operations of that business immediately while the bankruptcy case is pending. The trustee may sell any and all interests you may have in any business, if the interest is not exempt. You understand that you have a duty to cooperate with the trustee and there is no absolute right for you to dismiss your Chapter 7 bankruptcy case once it has been filed.

You understand and agree to co-operate fully with the Attorneys in providing all information requested. Any failure on your part to co-operate with the Attorneys gives cause for the Attorneys to withdraw from representation. Additionally, if there is no activity on your file for ninety (90) days, you understand that your file will be closed.

- 9. CLIENT FILES. We will keep your file in an electronic format only, either in the Attorney's office or in off-site storage, after the conclusion of the matter to which the files relate for the length of time required by the current laws/professional standards in place. You understands that you will receive copies of all documents related to your file and should retain these documents. If you require additional copies of your file you understand that you may be charged for such copies.
- 10. NO GUARANTEES. You understand and agree that we make no guarantees as to the discharge of any particular debt. You specifically acknowledge that priority debts including recent taxes, domestic support obligations, secured debts, taxes for years for which no return was filed or for which a return was filed within two (2) years of the bankruptcy filing, most debts arising out of divorce, and student loans are not dischargeable in a Chapter 7 case.
- 11. **SEVERABILITY.** If any part of this agreement is deemed invalid, illegal, or inoperative for any reason, it is the intention of the Client and the Attorney that the remaining parts, so far as possible and reasonable, shall be effective and fully operative.
- 12. JURISDICTION; MODIFICATION. This agreement is made in and shall be construed and governed under the laws of the State of Illinois and is effective when both the Attorney and the Client sign it. This agreement may only be modified by the written and fully executed agreement of the parties. This agreement is binding upon Client and Attorney and upon their respective successors, trustees, legatees, nominees, representatives, heirs and assigns.

Client's Initials: ______

Case 15-83108 Doc 1 Filed 12/16/15 Entered 12/16/15 16:39:33 Desc Main

Pocument Page 59 of 64
Aiken & Aiken, LLC
Attorneys at Law

REPRESENTATION AGREEMENT - CHAPTER 7 BANKRUPTCY

AGREED to this <u>l(a</u> day of <u>Apri</u>	<u> </u>
Melisia Males	MELISSA MATHIS
Signature of Client	Printed Name of Client
Signature of Client	Printed Name of Client
MO	
On Behalf of Aiken & Aiken, LLC	

Client's Initials:

United States Bankruptcy Court Northern District of Illinois

In re	Melissa Dawn Mathis		Case No.	
		Debtor(s)	Chapter	7
	VER	RIFICATION OF CREDITOR MA	TRIX	
		Number of C	reditors: _	35
	The above-named Debtor(s) h (our) knowledge.	hereby verifies that the list of creditor	s is true and	correct to the best of my
Date:	December 8, 2015	/s/ Melissa Dawn Mathis Melissa Dawn Mathis Signature of Debtor		

Advocate Good Shepherd Hospital PO Box 3039 Oak Brook, IL 60522-3039

Advocate Lutheran General Hospital P.O. Box 73208 Chicago, IL 60673

Advocate Medical Group PO Box 92523 Chicago, IL 60675-2523

ARS National Services, Inc. P.O. Box 469100 Escondido, CA 92046

Ashley Furniture/Capital RetailBank P.O. Box 960061 Orlando, FL 32896

Bank of America P.O. Box 851001 Dallas, TX 75285-1001

Best Buy P.O. Box 688910 Des Moines, IA 50368

BP P.O. Box 15123 Wilmington, DE 19850

Capital One P.O. Box 6492 Carol Stream, IL 60197-6492

Centegra Clinical Laboratories P.O. Box 996 Bedford Park, IL 60499

Centegra Health System P.O. Box 864 Mahwah, NJ 07430

Centegra Hospital-Woodstock PO Box 1990 Woodstock, IL 60098-1990

Centegra Physician Care P.O. Box 187 Bedford Park, IL 60499

Express
PO Box 659728
San Antonio, TX 78265

GECRB/TJX P.O. Box 530948 Atlanta, GA 30353

Global Credit Collection Corp P.O. Box 129 Linden, MI 48451

H&R Accounts, Inc. PO Box 672 Moline, IL 61265

Harris & Harris, Ltd 111 West Jackson Boulevard, Ste 400 Chicago, IL 60604-4134

Macy's P.O. Box 183083 Columbus, OH 43218-3083

Macy's P.O. Box 183084 Columbus, OH 43218-3084

Malcolm S. Gerald and Associates 332 South Michigan Ave., Suite 600 Chicago, IL 60604

MCM 8875 Areo Dr Ste 200 San Diego, CA 92123 Midland Credit Management, Inc. 8875 Aero Dr., Suite 200 San Diego, CA 92123

Midwest Anes Partners P.O. Box 3613 Carol Stream, IL 60132

MRS Assoc of NJ 1930 Otney Ave. Cherry Hill, NJ 08003

Nancy & William Bluis 2667 Connolly Lane West Dundee, IL 60118

North Star Location Services, LLC 4285 Genesee Street Cheektowaga, NY 14225-1943

Northland Group Inc. P.O. Box 390905 Minneapolis, MN 55439

Northland Group Inc. P.O. Box 390846 Minneapolis, MN 55439

Pediatric Critical Care Special P.O. Box 2698 Carol Stream, IL 60132

Portfolio Recovery Associates, LLC P.O. Box 12914 Norfolk, VA 23541

Sears P.O. Box 688956 Des Moines, IA 50368

Springleaf Financial Services 2 Crystal Lake Plz Ste B Crystal Lake, IL 60014-3118 The Childrens Place P.O. Box 183015 Columbus, OH 43218

Victorias Secret PO Box 659728 San Antonio, TX 78265